



CITY OF BIRMINGHAM

REPORT OF THE
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1968



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MEMBERS OF THE HEALTH COMMITTEE

Municipal Year, 1968-69

Chairman COUNCILLOR E. J. FRANKLIN, J.P.

THE LORD MAYOR (ALDERMAN C. V. G. SIMPSON, J.P.)

ALDERMAN W. T. BOWEN, J.P.

ALDERMAN MRS. A. F. WOOD, C.B.E., J.P.

COUNCILLOR MRS. H. M. BARRADELL

COUNCILLOR MRS. M. A. BROWN, J.P.

COUNCILLOR J. D. BRYANT

COUNCILLOR MRS. J. COLE

COUNCILLOR MRS. E. FINNEY

COUNCILLOR DR. W. L. GORDON

COUNCILLOR K. G. HARDEMAN

COUNCILLOR MRS. J. D. JACKSON

COUNCILLOR W. H. POULTON

COUNCILLOR H. N. SCRIMSHAW

COUNCILLOR L. J. SPRIGG

Finance and General Purposes Sub-Committee :

Chairman—COUNCILLOR E. J. FRANKLIN.

ALDERMEN W. T. BOWEN AND MRS. A. F. WOOD.

COUNCILLORS MRS. H. M. BARRADELL, MRS. M. A. BROWN AND H. N. SCRIMSHAW.

RESPONSIBILITIES :

To report upon matters referred to them by the Health Committee and to act when necessary on behalf of the City Council for the purpose of exercising certain powers and duties which the Council have delegated to the Sub-Committee.

Meetings – Monthly.

OTHER COMMITTEES OF THE CITY COUNCIL CONCERNED WITH MATTERS OF PUBLIC
HEALTH AND THE SOCIAL SERVICES

Baths Committee (provision of bathing establishments)

Children's Committee (care of deprived children and adoption)

Education Committee (administration on behalf of Health Committee of junior special training centres and senior special training centre for females)

Finance Committee and also the General Purposes Committee (financial provisions of the various enactments)

Fire Brigade Committee (Ambulance Service on an agency basis)

Housing Committee (slum clearance and provision and management of municipal houses)

Markets and Fairs Committee (regulation, control and management of markets and fairs)

Public Works Committee (*inter alia* in charge of all works in connection with public drains and sewers, paving, surfacing and maintenance of streets and roads, the lighting and cleansing of highways, etc.)

Salvage Committee (refuse disposal)

Water Committee (provision of the City's water supply)

Welfare Committee (provision of services under the National Assistance Acts, 1948 and 1951)

STAFF OF THE PUBLIC HEALTH DEPARTMENT AS AT 31st DECEMBER, 1968

Medical Officer of Health and Principal School Medical Officer :

E. L. M. MILLAR, M.Sc., M.D., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer :

W. NICOL, M.B., Ch.B., D.P.H.

Secretary Accountant :

C. C. BATEMAN, F.C.A., F.C.C.S.

Senior Administrative Medical Officers for Personal and Child Health Services :

M. E. LEMIN, M.B., Ch.B.

D. F. MAHON, M.B., B.Ch., B.A.O., D.P.H., B.Sc. (Public Health), L.M.

Deputy Senior Administrative Medical Officers for Personal and Child Health Services :

N. M. JOHNSTON, L.R.C.P., L.R.C.S., D.P.H.

J. E. PRESTON, M.B., Ch.B. (and Nurseries).

Senior Assistant Medical Officer for Personal and Child Health Services :

Post Vacant.

Senior Clinical Medical Officers for Child Health :

I. C. AIDNEY, M.B., Ch.B.

J. I. BUCHANAN, M.B., Ch.B.

O. C. FURLONG, M.B., Ch.B., D.C.H.

J. B. MOLE, M.B., Ch.B., D.C.H.

Senior Administrative Medical Officer for Environmental Services :

S. G. PHILLIPS, M.B., Ch.B., D.T.M., and H., D.Obst., R.C.O.G., D.P.H.

Deputy Senior Administrative Medical Officer for Environmental Services :

G. K. M. KHOMO, M.B., Ch.B., D.P.H., D.I.H.

Medical Officer for Immunisation :

C. LATROBE.

Medical Officer for Staff Welfare :

J. J. LONDON, M.A., M.B., B.Chir.(Cantab.), M.R.C.S.(Eng.), L.R.C.P.(Lond.)

Principal Dental Officers :

H. A. COHEN, L.D.S.

F. J. HASTILOW, L.D.S.

City Analyst :

A. H. COOMBES, B.Sc., F.R.I.C.

Chief Veterinary Officer :

W. S. DAVISON, M.R.C.V.S., D.V.S.M., F.R.S.H.

Chief Public Health and Housing Inspector :

E. N. WAKELIN, O.B.E., F.R.S.H., F.A.P.H.I.

Chief Air Pollution and Noise Abatement Inspector :

F. REYNOLDS, P.H.I.

SECRETARIAL AND ACCOUNTANCY

Secretary-Accountant	...	...	...	...	...	...	...	...	1
Assistant Secretary	...	...	...	...	...	...	...	...	1
Administrative Assistant	...	...	...	...	...	...	...	...	1
Deputy Accountant	...	...	...	...	...	...	...	...	1
Assistant Accountant	...	...	...	...	...	...	...	...	1
Senior Assistant Accountant	...	...	...	...	...	...	...	...	1
Staff Officer	...	...	...	...	...	...	...	...	1
Steward	...	...	...	...	...	...	...	...	1
Administrative, Accountancy and Clerical Staff...	...	...	...	...	...	...	...	...	110

PERSONAL AND CHILD HEALTH SERVICES

Senior Administrative Medical Officers for Personal and Child Health Services	2
Deputy Senior Administrative Medical Officers for Personal and Child Health Services	2
Senior Assistant Medical Officer for Personal and Child Health Services	<i>Post Vacant</i>
Senior Clinical Medical Officers for Child Health	4
Assistant Medical Officers for Personal and Child Health Services (22 full-time, 8 part-time)	30
<i>Health Visitors and Associated Staff</i>	
Superintendent Health Visitor	1
Deputy Superintendent Health Visitor	1
Assistant Superintendent (Geriatric Services)	1
Superintendent School Nurse	1
Deputy Superintendent School Nurse	1
	<i>Full-time Part-time</i>
Health Visitors	105 25
Health Visitors (Unmarried Mothers)	1 2
Health Visitors (Geriatric)	4 2
Student Health Visitors	16 —
Clinic Nurses...	6 14
Chiropodists	— 1
Physiotherapists	— 8
Psychiatrist	— 1
<i>Midwives</i>	
Supervisors	2
Assistant Supervisors	2
Midwives (full-time 114, part-time 19)	133
<i>Day Nurseries</i>	
Senior Supervisor of Day Nurseries	1
Supervisors of Day Nurseries	2
Nursery Nurses and other professional staff	271
<i>Home Nursing Service</i>	
Superintendent of Home Nursing Service	1
Deputy Superintendent of Home Nursing Service	1
Nursing Staff (full-time 177, part-time 31)	208
<i>Dental</i>	
Principal Dental Officers	2
Senior Dental Officers	11
Assistant Dental Officers (full-time 4, part-time 12)	16
Dental Nurses (full-time 3, part-time 3)	6
Dental full-time and part-time Assistants	6
Dental Hygienists	2
Dental Auxiliaries	7

<i>Domestic Help</i>										
Organiser	...	...	...	...	...	...	...	...	...	1
Deputy Organiser	...	...	...	...	...	...	...	...	...	1
District Organisers	...	...	...	...	...	...	...	...	...	12
Assistant District Organisers	...	...	...	...	...	...	...	...	...	2
Domestic Helps (full-time)	...	...	...	...	...	...	...	...	...	39
Domestic Helps (part-time)	...	...	...	...	...	...	...	...	...	896
Night Watchers	...	...	...	...	...	...	...	...	...	36
<i>John Foster Vince Memorial Home (Mother and Baby Home)</i>										
Matron	...	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	...	2
Domestic Staff	...	...	...	...	...	...	...	...	...	5
Clerical Staff	...	...	...	...	...	...	...	...	...	47
<i>Miscellaneous Staff</i>										
Non-manual (full-time and part-time)	...	...	...	...	...	...	...	...	...	97
Manual	...	...	...	...	...	...	...	...	...	257

MENTAL HEALTH

Administrative Medical Officer (part of duties of Deputy M.O.H.)	...	...	...	...	...	...	...	...	...	1
Chief Assistant	...	...	...	...	...	...	...	...	...	1
Deputy Chief Assistant	...	...	...	...	...	...	...	...	...	1
Divisional Mental Welfare Officers	...	...	...	...	...	...	...	...	...	6
Area Mental Welfare Officers	...	...	...	...	...	...	...	...	...	2
Mental Welfare Officers	...	...	...	...	...	...	...	...	...	26
Trainee Mental Welfare Officers	...	...	...	...	...	...	...	...	...	4
Psychologist	...	...	...	...	...	...	...	...	...	1
Shorthand-typists	...	...	...	...	...	...	...	...	...	5
Clerical Staff	...	...	...	...	...	...	...	...	...	6

Parent and Child Centre

Senior Psychiatric Social Worker	...	...	...	...	...	...	...	...	...	1
Social Worker	...	...	...	...	...	...	...	...	...	1
Shorthand-typist	...	...	...	...	...	...	...	...	...	1

Hostels for Discharged Psychiatric Patients

Wardens	...	...	...	...	...	...	...	...	...	2
Assistant Warden and Cook	..	...	...	...	...	...	...	...	...	1
Cook	...	...	...	...	...	...	...	...	...	1
Manual Staff	...	...	...	...	...	...	...	...	...	4

Short Stay Hostel – Warwick Road

Matron	...	...	...	...	...	...	...	...	...	1
Deputy Matron	...	...	...	...	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	...	...	...	...	6
Domestic Staff	...	...	...	...	...	...	...	...	...	8

Senior Training Centres (2)

Senior Warden	...	...	...	...	...	...	...	...	...	1
Warden	...	...	...	...	...	...	...	...	...	1
Deputy Wardens	...	...	...	...	...	...	...	...	...	2
Supervisors	...	...	...	...	...	...	...	...	...	4
Assistant Supervisors	...	...	...	...	...	...	...	...	...	16
Trainee Assistant Supervisors	...	...	...	...	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	...	...	...	...	2
Manual Staff (part-time)...	...	...	...	...	...	...	...	...	...	23

GENERAL PURPOSES

Administrative Medical Officer of Health	...	...	...	...	...	1
Deputy Administrative Medical Officer of Health (in conjunction with Health Education and Immunisation)	...	...	...	...	...	1
Clerical Staff	...	...	...	...	...	4
<i>Health Education</i>						
Organiser	...	...	...	...	...	1
Assistant Organiser	...	...	...	...	...	1
Artist	...	...	...	...	...	1
<i>Immunisation</i>						
Medical Officer for B.C.G. Vaccination	...	...	...	...	...	—
Nurse Administrator of the Immunisation Section	...	...	...	...	...	1
Nursing Staff	...	...	...	...	...	2
Medical and Nursing Staff (part-time)	...	...	...	...	...	12
Clerical Staff	...	...	...	...	...	24
Temporary Clerical Staff (full and part-time)	...	...	...	...	...	7

TUBERCULOSIS

(Prevention and After-Care)

Medical Director (part-time)	...	...	...	...	...	1
Medical Officers (part-time)	...	...	...	...	...	10
Tuberculosis Visitors	...	...	...	...	...	7
Clerical Staff	...	...	...	...	...	4

STAFF WELFARE SURGERIES

Medical Officer for Staff Welfare	...	...	...	...	...	1
Nursing Staff (1 full-time)	...	...	...	...	...	3

VETERINARY OFFICERS AND FOOD INSPECTORS

Chief Veterinary Officer	...	...	...	...	...	1
Deputy Chief Veterinary Officer	...	...	...	...	...	1
Assistant Chief Veterinary Officer...	...	...	...	...	...	1
Senior Food Inspectors	...	...	...	...	...	3
Authorised Meat Inspectors	...	...	...	...	...	17
Trainee Meat Inspectors	...	...	...	...	...	3
Clerical Staff	...	...	...	...	...	3
Miscellaneous Manual Staff	...	...	...	...	...	4

PUBLIC HEALTH AND HOUSING INSPECTORS

Chief Public Health and Housing Inspector	...	...	...	...	...	1
Deputy Chief Public Health and Housing Inspector	...	...	...	...	...	1
Assistant Chief Public Health Inspector (Housing)	...	...	...	...	...	1
Assistant Chief Public Health Inspector (General)	...	...	...	...	...	1
Divisional Public Health Inspectors	...	...	...	...	...	4
District Public Health Inspectors	...	...	...	...	...	12
Senior Rodent Officer	...	...	...	...	...	1
Senior Shops Act Inspector	...	...	...	...	...	1
Enforcement Officers	...	...	...	...	...	2
Inspectorial Staff	...	...	...	...	...	69
Assistants	...	...	...	...	...	16
Water Sampling Officer	...	...	...	...	...	1
Pupil Public Health Inspectors	...	...	...	...	...	30
District Food Inspectors	...	...	...	...	...	8
Clerical Staff	...	...	...	...	...	37
Miscellaneous Manual Staff	...	...	...	...	...	23

SMOKE INSPECTORS

Chief Air Pollution and Noise Abatement Inspector	...	...	...	...	...	...	...	...	1
Deputy Chief Air Pollution and Noise Abatement Inspector	...	...	...	...	...	...	...	...	1
Inspectorial Staff	...	...	...	...	...	...	...	...	3
Smoke Control Area Advisers	...	...	...	...	...	...	...	...	19
Clerical Staff	...	...	...	...	...	...	...	...	26

SAMPLING INSPECTORS

Senior Sampling Officer	...	...	...	...	...	...	...	...	1
Deputy Senior Sampling Officer	...	...	...	...	...	...	...	...	1
Milk Samplers	...	...	...	...	...	...	...	...	3

ANALYTICAL LABORATORY

City Analyst	...	...	...	...	...	...	...	...	1
Deputy City Analyst	...	...	...	...	...	...	...	...	1
Research Chemist	...	...	...	...	...	...	...	...	1
Laboratory Staff	...	...	...	...	...	...	...	...	9
Clerical Staff	...	...	...	...	...	...	...	...	2

MISCELLANEOUS STAFF

Manual Workers (Laundry Workers, Drivers, Storemen, Cleaners, etc.)	...	100
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PUBLIC HEALTH DEPARTMENT,
TRAFALGAR HOUSE,
PARADISE STREET,
BIRMINGHAM, 1.
November, 1969.

*To the Chairman and Members,
Health Committee,*

In preparing an introductory letter one tends to give scant attention to the vast majority of the work of the Department which goes on day in and day out, smoothly and without fuss but to the great benefit of every citizen and providing very special benefits to those in special need. Nevertheless, although the public is said to be more health conscious now than ever before, it is amazing to discover the extent to which the offer of personal health services is ignored. There are big bundles of records of appointments having been sent for children to be immunised and even two offers of protection have been ignored. The same occurs in the School Health Service where expensive facilities are also inefficiently used through ignoring of appointments offered for providing medical attention. Better success is claimed in some areas where appointments, particularly for immunisation, are made by computer, but I find it hard to believe that receipt of a computer-made appointment will be more effective than one for which a threepenny ball point pen has been used. We find, in fact, that there is great variation as between districts of the City in the importance parents attach to the acceptance of the appointments offered. The poorer the social class of a district the less satisfactory is the immunisation state of the children through neglect to attend for treatment when opportunities are offered. Thus I come to my dreary annual statement of preventable disease still occurring which could by now have become extinct. On this occasion I refer to five young victims of poliomyelitis none of whom had been protected although in every case there had been plenty of time for this to have been done.

Usually I have pride and pleasure in announcing a further reduction in infant mortality rate, but in 1968 it rose considerably to 22.5 per 1,000 live births, the adverse trend for the City as a whole being due to considerable deterioration in the infant mortality rates for the inner and middle ring wards, confirming once more the need to concentrate upon health education and environmental improvement here.

Live births fell by 779 and hospital confinements increased by 162 to a total of 15,576, so attaining a record of 76.6 per cent of confinements taking place in hospital. Although this is a trend I welcome, nevertheless, attendance at hospital for antenatal care has become less easy because of removal of maternity hospital facilities from certain densely populated areas to the Good Hope (Sutton Coldfield) and Queen Elizabeth Hospital sites. This problem is currently being examined.

New high levels of adversity have been reached by coronary disease and lung cancer as causes of death. Coronary disease and angina caused 2,451 of the City's total of 12,432 deaths from all causes, lung cancer caused 714 deaths as compared with 529 in 1958 which itself was considered alarming at the time. A further substantial increase in gonorrhoea and the continuing high illegitimacy rate show the need for so called "sex education" to take the form of instruction in social or moral responsibility. Scabies has continued to increase. As many as 5,831 patients were treated at Bacchus Road and by the School Health Service. In addition an unknown number would be treated by their own doctors. The reason for such an extraordinary rise in incidence is unknown.

Much could be said about achievement and improvement. A substantial fall in stillbirth rate has occurred. The big fall in road accident deaths noted in 1967 was maintained in 1968. Measles vaccine came into use and, although supplies were inadequate, it did appear that a developing epidemic was cut short. Notifications of whooping cough have continued at a relatively high level despite an extensive immunisation programme. In 1969, however, there has been a dramatic fall in incidence in Birmingham as well as in England and Wales as a whole; almost certainly the result of improvement in the vaccine a few years ago.

In an assessment of the effect of fluoridation one must be extremely cautious in assuming that the state of the teeth of a few hundred three year old children faithfully represents all such children in the City. It is, however, noteworthy that the teeth of these samples of young children do in fact show a steady improvement year by year in that fewer and fewer teeth per child are attacked by decay. It also seems that in such teeth as are attacked, the amount of damage is so limited that the situation can be adequately dealt with by a small filling rather than extraction being necessary through extensive damage. The excellent protection which fluoridation gives could be further enhanced by generally more use of the tooth-brush supplemented by rinsing of the teeth at the time of drinking after taking food.

The personal health services are currently being much improved by integrating the work of the City Council's nursing services with that of general practitioners. The transfer of general practice to child health centres specially adapted for the purpose is a major success in the integrative process and is continuing steadily as the advantages become so abundantly clear to all. It is difficult to envisage a unified health service making better progress in this integration than is already being achieved in Birmingham, unless the unified service had greater financial resources than those currently available.

Another heartening item in this report is the statement by the Chief Public Health and Housing Inspector that the unregulated spread of multiple occupation which created near slum conditions in quite

extensive areas of the City has at last been checked. In no small measure this success is due to close co-operation with the Public Works Department, one of the very many inter-departmental co-operative efforts which are a marked feature of public administration in Birmingham.

This report is a mixture of success and of set-back in a dynamic and ever changing city where public services can never relax in meeting the problems rained at them. It is heartening to have the support which one enjoys from all directions in meeting these challenges which every day brings.

E. L. M. MILLAR,
Medical Officer of Health.

CLIMATOLOGY

The University of Birmingham Edgbaston Observatory has very kindly supplied the following details of the weather during 1968.

Snow, rain, thunderstorms and two tornadoes provided the most notable features of the year's weather. In addition, a poor sunshine total culminated in what was probably an all time record, namely, the 26 days starting on 25th November with a total sunshine of only 1·3 hours. However, one compensating factor has been the comparative lack of strong winds, with January being the only month with a mean wind speed above average. Main features of the months were as follows:-

- January — Cold and wet till 13th, then mild and dry, average sunshine.
- February — Cold, dry second half, dull 8th to 15th.
- March — Dry, mild and rather sunny second half.
- April — Cold till 14th then mild, rather sunny with heavy thunderstorms.
- May — Cold, dull and wet.
- June — Fairly warm, very wet with average sunshine.
- July — Rather cool and dull. Heavy rainfalls on 10th/11th.
- August — Dull, near average temperatures, fairly dry.
- September— Rather warm, wet and rather dull.
- October — Near average rain, but rather dull.
- November— Average temperatures and sunshine rather cloudy.,
- December— Very dull till 20th: mainly cool.

VITAL STATISTICS

Area

There was no alteration in the area of the City during 1968, which remained at 51,598 acres or approximately 81 square miles.

Population

Census 1961	.. .. .	1,107,187
Home population estimated by the Registrar	1964	1,106,040
General as at 30th June (Civilians plus H.M.	1965	1,102,660
Forces stationed in the Area)	.. .. .	1,102,570
	1966	1,101,990
	1967	1,074,940
	1968	

There was a significant decrease in the estimated population for 1968 due to the success of schemes for meeting the housing need by re-housing outside the City. The birth rate fell from 19.09 to 18.84; but the death rate has increased to 11.56, the highest for some years. Consequently the natural increase has also dropped to a figure of 7,824 compared with 9,130 for 1967.

Live Births

		1964	1965	1966	1967	1968
	Number					
(a)	Born in the City ...	22,033	21,185	20,616	20,564	19,582
(b)	Born outside the City...	353	370	403	471	674
		<u>22,386</u>	<u>21,555</u>	<u>21,019</u>	<u>21,035</u>	<u>20,256</u>

LIVE BIRTH RATE.

18.84 per 1,000 population.

This represents a fall from the rate of 19.09 for 1967.

Illegitimate Live Births

These numbered 2,162, representing 10.67 per cent of the total live births, the same as for the previous year. The following table sets out the percentage of locally recorded illegitimate live babies compared with the total live births in recent years.

1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
6.5%	6.8%	7.7%	8.9%	10.2%	10.4%	10.5%	10.3%	10.6%	10.7%

The number of illegitimate live births recorded in the City varies from the figures supplied by the Registrar General. From that source the percentage of illegitimate live births was again 11.7 of the total live births. The difference between the two figures can be reconciled by the attribution to Birmingham women of the occurrence of illegitimate births outside the City.

The following table shows the comparable rates for England and Wales and other large towns:-

	<i>Birmingham</i>	<i>Leeds</i>	<i>Liverpool</i>	<i>Manchester</i>	<i>England & Wales</i>
1965	10.9	10.8	8.4	14.2	7.6
1966	11.3	11.5	9.2	15.0	7.9
1967	11.7	11.6	10.3	16.5	8.4
1968	11.7		— not yet available —		

Stillbirths

There were 290 stillbirths and of these 185 (63.8 per cent) were premature births, a slightly higher proportion than in 1967.

STILLBIRTH RATE per 1,000 (live and still) births 14.11.

This represents a considerable reduction on the previous lowest rate of 16.27 for 1967.

Year	...	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Rate	...	22.1	19.9	20.15	19.0	18.9	17.5	17.2	17.3	16.3	14.1

Total births live and still 20,546.

INFANT MORTALITY RATE

Infant deaths under 1 year of age:-

Legitimate	...	...	...	406
Illegitimate	...	...	...	50

Total infant deaths were 456, 40 more than in 1967, giving a rate of 22.5 per 1,000 live births.

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
25.4	22.6	23.8	22.8	23.6	21.4	22.0	21.2	19.8	22.5

INFANT MORTALITY IN ZONES OF THE CITY

		1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Inner ...	...	34	27	31	30	29	24	31	21	22	31
Middle	...	27	22	24	25	26	23	23	24	22	26
Outer ...	...	22	21	22	18	18	19	18	18	17	17

The above figures will show that the trend of the past few years with a lowering of the rate for the Inner Ring Wards has, unfortunately, not been maintained and this together with the higher rate for the year for the Middle Ring Wards, has contributed to the increased rate for infant mortality for the City as a whole.

Legitimate infant deaths per 1,000 live births:—

1964	1965	1966	1967	1968
20.52	21.12	20.49	19.10	22.44

Illegitimate infant deaths per 1,000 illegitimate live births:—

1964	1965	1966	1967	1968
29.26	30.00	27.38	25.39	23.12

EARLY NEONATAL DEATH RATE
(deaths under 7 days old)

1964	1965	1966	1967	1968
12.60	12.53	12.18	12.21	12.09

NEONATAL DEATH RATE
(deaths in first 4 weeks)

1964	1965	1966	1967	1968
14.47	14.66	14.23	13.59	15.01

POST NEONATAL DEATH RATE
(deaths in the 1st year
excluding first 4 weeks)

1964	1965	1966	1967	1968
6.97	7.38	7.00	6.18	7.50

PERINATAL DEATH RATE
(Stillbirths plus deaths in
the 1st week)

1964	1965	1966	1967	1968
29.80	29.63	29.27	28.29	26.23

INFANT MORTALITY 1968

<i>Cause of Death</i>	<i>Early Neo- natal</i>	<i>7-28 Days</i>	<i>Total Neo- natal</i>	<i>Post Neo- natal</i>	<i>Total Infant Deaths</i>
Measles	—	—	—	1	1
Whooping cough	—	—	—	2	2
Pulmonary T.B.	—	—	—	1	1
Meningitis	1	1	2	1	3
Bronchitis	—	—	—	20	20
Pneumonia	2	9	11	50	61
Diarrhoea and enteritis	—	6	6	14	20
Congenital malformations	46	23	69	30	99
Premature birth	137	9	146	4	150
Atrophy, debility and marasmus	17	3	20	—	20
Atelectasis	10	—	10	—	10
Injury at birth	29	2	31	1	32
Other causes	3	6	9	28	37
All causes	245	59	304	152	456

Above the 5 year average as major causes of death were atrophy, debility and marasmus; pneumonia, prematurity and congenital malformation. With the exception of malformation, these causes of death can be influenced by adverse environment or by insufficient knowledge and teaching of mothers. There was, and still is, a pronounced shortage of health visitors. They are deployed so as to give maximum assistance in the middle and inner wards of the City but their case loads are too heavy to allow them to give all the assistance which families in these areas need.

The following tables pinpoint the families who most need this help, the Irish and non-white, although in fact an increase in infant mortality occurred in each of the ethnic groups in spite of there having been fewer births in each group with the exception of the non-white.

Infant mortality rate per ethnic group					
1964			1967		
			1968		
Both parents European	20·6	average	16·7	average	18·6
other than Irish		infant	23·4	infant	29·6
Both parents Irish		mortality		mortality	
One parent Irish other	17·9	rate 1961-64	15·8	rate 1963-67	22·2
European	20·3	21·9	20·2		19·7
One parent non-white other					
known white	34·7		30·6		42·1
Both parents non-white	24·4		27·7		30·2
One or both parents of					
unknown origin.			Not stated		

Births and infant deaths per ethnic group				
1967			1968	
	Deaths	No. of births	Deaths	No. of births
Both parents European				
other than Irish	200	13,072	211	12,636
Both parents Irish	44	2,045	49	1,850
Both parents non-white	92	3,637	100	3,689
One parent non-white	16	575	19	511

Maternal Mortality

NUMBER OF DEATHS (abortions – nil) 6.

RATE per 1,000 live and still births: 0·29.

MATERNAL DEATHS (excluding abortions)

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
6	10	4	6	3	8	6	6	6	6

Death Rate from all causes was 11·56 per 1,000 population, the total number of deaths being 12,432. This is an increase of 527 compared with

the total for 1967 and an increase in the death rate by 0.76. The principle causes of death are set out in the table below.

	<i>Heart disease</i>	<i>Cancer</i>	<i>Cerebral haemorrhage</i>	<i>Pneumonia Bronchitis Influenza</i>	<i>Arterio- sclerosis and Circulatory disease</i>	<i>Senility</i>	<i>Violence and Suicide</i>
1959	3,717	2,372	1,687	1,979	508	119	543
1960	3,708	2,260	1,694	1,411	488	155	611
1961	3,913	2,303	1,678	1,914	500	147	581
1962	3,783	2,323	1,697	1,771	490	125	565
1963	3,737	2,390	1,783	1,661	564	147	647
1964	3,442	2,297	1,640	1,451	616	131	614
1965	3,661	2,460	1,781	1,499	598	93	592
1966	3,584	2,451	1,670	1,794	476	66	619
1967	3,670	2,539	1,811	1,283	425	123	527
1968	3,779	2,608	1,794	1,657	468	63	487
% of all deaths in 1968	30.39	20.98	14.43	13.33	3.76	0.51	3.92

A further decrease in the number of deaths from violence and suicide is to be noted, these being the lowest since the 1954 figure of 452, of the 487 deaths the total of 61 attributable to suicide shows a reduction of 25 compared with the 86 for 1967. In 1966 there were 116 suicide deaths.

Coronary disease, angina as causes of death

<i>1963</i>	Male	1,348	
	Female	819	2,167
<i>1964</i>	Male	1,319	
	Female	811	2,130
<i>1965</i>	Male	1,413	
	Female	862	2,275
<i>1966</i>	Male	1,319	
	Female	842	2,161
<i>1967</i>	Male	1,386	
	Female	822	2,208
<i>1968</i>	Male	1,471	
	Female	980	2,451
			<u>13,392</u>

Area Comparability Factors

Births 0.99 Deaths 1.13

Crude birth and death rates are not satisfactory rates in themselves for comparative purposes because each area varies in the age and sex structure of its population. In order to make comparisons of birth and

death rates between one area and another, the device known as the Area Comparability Factor, which eliminates the age and sex differences of the local populations, is applied by multiplying the local crude rate by the factor. The Adjusted Birth Rate was 18.61 and the Adjusted Death Rate 13.06 per 1,000 population.

CANCER

Total deaths from this cause were 2,608, 69 more than in 1967, giving a mortality rate of 2.43 compared with 2.30 for the previous year.

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Deaths ...	2,372	2,260	2,303	2,323	2,390	2,297	2,460	2,451	2,539	2,608
Rate ...	2.17	2.07	2.07	2.08	2.14	2.08	2.23	2.22	2.30	2.43

Deaths from Cancer of the Lung and Bronchus, 1958-1968

There were 714 deaths, or 27.4 per cent of the total deaths from cancer related to the lung and bronchus. 102 were women, an increase of 7 over the number in 1967. There were 374 deaths under 65 years of age, of which 353 were in the age group 45-64, while 21 were under 45 years. These are again the highest figures yet recorded and again reveal the high percentage of deaths (52.4) from this cause, in persons under 65 years of age.

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Males ...	456	476	515	503	496	578	513	562	544	587	612
Females	73	64	66	69	80	76	78	88	89	95	102
TOTALS	529	540	581	572	576	654	591	650	633	682	714

Cancer of the digestive organs caused 897 deaths, 465 being men and 432 women. The figure for genital organ cancer was 243, 66 of which were attributed to cancer of the cervix. From breast cancer there were 236 deaths. There were 63 leukaemia deaths.

AGE AT DEATH FROM CANCER OF CERVIX UTERI

Age Group	1966	1967	1968
15 - 19	—	—	—
20 - 24	—	—	—
25 - 29	—	1	1
30 - 34	—	—	—
35 - 39	1	—	—
40 - 44	4	1	9
45 - 49	9	6	9
50 - 54	9	6	8
55 - 59	3	7	10
60 - 64	3	6	4
65 - 69	4	5	5
70 - 74	3	5	5
75+ ...	10	7	15
TOTALS:-	46	44	66

Accidents

There were 409 fatal accidents, 215 occurring to males and 194 to females, accounting for 3·3 per cent of all deaths. This represents a small reduction of 8 on the figure for 1967. The figure includes fatalities occurring outside the City to Birmingham residents.

Fatal accidents occurring at home amounted to 165 or 40·3 per cent of all accidental deaths; 132 of them involved children under 5 years and adults of 65 years and over.

Deaths from road accidents totalled 141, 114 of these resulting from incidents in Birmingham; thus the encouraging reduction in this category occurring in 1967 has been maintained in 1968.

Recent fatal road accident figures are set out in the following table:-

1961	1962	1963	1964	1965	1966	1967	1968
183	130	175	191	193	188	141	141

Accidents occurring on the road and in the course of employment were fatal to 52 males and 13 females between the age of 5 and 45 years.

Accidents to persons of 65 and over caused 225 deaths being 55·0 per cent of all deaths due to accidents. There were 20 more deaths in this age group than in 1967. There was again a slight increase in the number of elderly people who were killed by motor vehicles or involved in other road accidents.

The table below shows the number of people who died in all accidents, classified under various headings.

<i>Type of Accident</i>	(a) <i>Total Deaths</i>	(b) <i>No. in column (a) 65 years and over</i>	(c) <i>(b) as % of (a)</i>
Falls on the same level	134	127	94·8
Falls downstairs	31	19	61·3
Pedestrians killed by motor vehicles ...	79	38	48·1
Other road accidents	62	11	17·7
Coal gas poisoning	19	13	68·4
Burns and electricity	16	4	25·0
Other accidents	68	11	16·2

Column (b) shows falls on the same level to be the greatest cause of fatal accidents among the elderly, accounting for 56·9 per cent of them. Pedestrians aged 65 and over involved with motor vehicles resulted in 17·0 per cent of accidental deaths in this age group.

	<i>Stillbirth rate</i>	<i>Early neonatal mortality rate</i>	<i>Perinatal mortality rate</i>	<i>4 weeks neonatal mortality rate</i>	<i>Post neonatal mortality rate</i>	<i>Total infant mortality rate</i>
1968	...	12.48 } 103.8% 12.95 } 12.09 }	26.23	14.73 } 112.2% 16.65 } 15.01 }	7.63 } 84.8% 6.47 } 7.50 }	22.44 } 103.03% 23.12 } 22.51 }
1967	...	11.49 } 158.9% 18.26 } 12.21 }	28.29	12.77 } 160.4% 20.49 } 13.59 }	6.33 } 77.41% 4.90 } 6.18 }	19.10 } 132.93% 25.39 } 19.78 }
1966	...	11.71 } 138.0% 16.16 } 12.18 }	29.27	13.68 } 137.79% 18.85 } 14.23 }	6.81 } 125.26% 8.53 } 7.00 }	20.49 } 133.63% 27.38 } 21.22 }
1965	...	11.80 } 159.41% 18.81 } 12.53 }	29.63	13.97 } 147.46% 20.60 } 14.66 }	7.14 } 131.65% 9.40 } 7.38 }	21.12 } 142.04% 30.00 } 22.03 }
1964	...	11.88 } 153.5% 18.24 } 12.60 }	29.80	13.78 } 147.8% 20.36 } 14.47 }	6.74 } 132.0% 8.90 } 6.97 }	20.52 } 142.6% 29.26 } 21.44 }
1963	...	12.30 } 153.9% 18.93 } 12.99 }	31.64	14.45 } 154.9% 22.38 } 15.27 }	7.75 } 172.13% 13.34 } 8.33 }	22.19 } 159.1% 35.71 } 23.6 }
1962	...	13.36 } 144.6% 19.32 } 13.97 }	32.73	15.51 } 138.5% 21.51 } 16.12 }	6.25 } 161.6% 10.10 } 6.65 }	21.76 } 145.3% 31.61 } 22.77 }
1961	...	14.3 } 119.6% 17.1 } 14.6 }	34.4	16.4 } 114.0% 18.7 } 16.8 }	7.1 } 130.2% 9.3 } 7.3 }	23.4 } 119.7% 28.0 } 23.9 }
1960	...	14.0 } 138.65% 19.4 } 14.4 }	34.0	15.4 } 154.3% 23.2 } 16.0 }	4.8 } 143.45% 6.9 } 6.6 }	21.9 } 137.2% 30.1 } 22.6 }

Where possible rates for illegitimate babies are expressed as a percentage of those for legitimate babies.

CRUDE RATES

Year	BIRTH RATE		STILLBIRTH RATE		INFANT MORTALITY RATE		DEATH RATE	
	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & Wales	B'ham	England & Wales
1901	31·4	27·2 <i>is mean for 1901—1910</i>			176	151	17·5	16·9
1911	26·1	24·4			150	130	15·0	14·6
1921	24·1	22·4	35·0		83	83	11·3	12·1
1931	16·9	15·8	39	41	71	66	11·7	12·3
1936	15·8	14·8	35	40	62	59	11·3	12·1
1941	16·8	13·9	29	35	69	60	13·2	13·5
1946	22·5	19·2	25·6	27	40	42·8	11·3	12·0
1947	22·2	20·5	23·8	24	41	41·3	11·1	12·3
1948	19·5	17·9	21·8	23	32	33·9	9·8	11·0
1949	18·1	16·9	21·7	23	31	32·3	10·7	11·8
1950	16·8	15·8	23·2	23	30	29·6	10·9	11·2
1951	16·5	15·5	22·2	23	30	29·6	11·4	12·5
1952	16·4	15·3	19·6	23	26·8	27·6	10·2	11·3
1953	16·6	15·5	23·5	22	26·1	26·8	10·6	11·4
1954	16·4	15·2	21·6	24	24·2	25·4	10·6	11·3
1955	16·0	15·0	23·0	23	23·7	24·9	11·3	11·7
1956	16·6	15·6	22·9	23	24·6	23·7	10·9	11·7
1957	17·1	16·1	21·5	22	24·6	23·1	11·2	11·5
1958	17·6	16·4	22·0	22	25·0	22·5	11·0	11·7
1959	17·7	16·5	21·1	21	25·4	22·2	11·6	11·6
1960	19·0	17·0	19·9	20	22·6	21·8	11·0	11·5
1961	19·5	17·6	20·1	19	23·8	21·4	11·4	12·0
1962	20·0	18·0	19·0	18	22·8	21·7	11·1	11·9
1963	20·0	18·2	18·9	17	23·6	21·1	11·3	12·2
1964	20·2	18·4	17·5	16	21·4	19·9	10·7	11·3
1965	19·6	18·0	17·2	16	22·0	19·0	11·1	11·5
1966	19·1	17·7	17·3	15	21·2	19·0	11·1	11·7
1967	19·1	17·2	16·3	15	19·8	18·3	10·8	11·2
1968	18·8	16·9	14·1	14	22·5	18·3	11·6	11·9

YEAR	Population of each year	Estimated to mid-1940	Factors		Infant Mortality	Early Neonatal (first week)	Neonatal (first month)	Post-neonatal (1-12 months)	Congenital Defects (Permanence, Birth, under 1 year)	Diarrhoea and Enteritis (under 2 yrs)	Stillbirths	Perinatal †	Maternal (including abortions)	Influenza	Tuberculosis		Cancer	Diseases of Nervous System	Diseases of Circulatory System	Diseases of Respiratory System	Diseases of Digestive System	Diseases of Genito-Urinary System	Suicides	Other Violence
			Deaths	Births																				
1929	981,000	17.1	13.5		79	23.9	32.3	46.5	35.4	3.9	38.9	57.0	3.85	1.09	1.34	1.5	1.34	0.88	2.57	2.62	2.92	2.96	1.6	4.2
1930	982,000	17.7	10.8		70	21.9	31.4	39.8	33.0	7.6	38.0	58.0	3.85	1.13	1.43	1.5	1.43	0.88	2.57	2.62	2.92	2.96	1.6	4.2
1931	1,011,300	17.3	11.6		70	21.9	31.4	39.8	33.0	10.7	38.0	58.0	3.66	0.96	1.46	1.35	1.46	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1932	1,017,500	16.9	11.7		67	24.8	32.7	34.7	33.6	8.7	39.3	63.6	3.60	0.96	1.46	1.35	1.46	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1933	1,023,500	16.3	11.3		66	22.6	30.8	35.5	33.7	7.7	37.5	59.0	3.57	0.96	1.43	1.45	1.43	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1934	1,028,000	14.7	11.0		68	23.8	32.6	35.1	35.0	8.7	35.7	59.5	3.68	1.18	1.43	1.45	1.43	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1935	1,033,000	15.4	10.9		64	24.9	33.4	30.9	36.3	7.7	35.7	60.6	3.40	1.15	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1936	1,038,000	15.7	11.2		62	24.1	32.3	35.1	34.6	8.1	36.2	57.4	3.40	1.15	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1937	1,042,000	15.8	11.3		61	24.0	29.8	32.5	32.8	5.4	34.6	58.0	3.53	1.13	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1938	1,048,000	16.3	10.9		60	21.0	26.7	34.5	28.5	12.5	34.6	58.1	2.95	1.15	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1939	1,055,000	16.6	11.4		60	20.0	26.7	34.5	28.5	13.7	36.0	56.0	2.71	1.15	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1940	1,020,000	16.9	11.4		60	20.0	26.7	34.5	28.5	12.1	32.8	51.7	2.71	1.22	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1941	Average	16.4	11.9		63	21.9	28.5	34.0	26.4	9.8	34.6	53.0	2.77	1.22	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1942	950,000	16.8	13.2		56	20.5	29.1	30.9	26.4	11.3	28.4	48.0	2.49	1.15	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1943	965,000	19.3	11.8		56	20.2	25.1	29.9	26.9	9.8	28.4	48.0	2.34	1.34	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1944	965,000	20.9	12.1		57	17.9	20.7	25.3	25.4	9.1	27.4	44.8	1.69	1.34	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1945	990,000	19.9	11.2		50	17.4	22.2	29.8	26.5	7.8	24.8	41.3	1.85	1.11	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1946	Average	19.9	11.3		54	18.2	25.9	26.5	26.5	8.8	26.8	44.5	1.41	1.06	1.78	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31	1.31
1947	1,017,100	22.5	11.9		41	17.3	22.1	17.9	20.6	7.1	23.8	49.1	0.85	1.11	1.52	1.43	1.52	0.76	2.90	1.67	1.62	1.62	1.5	3.8
1948	1,076,200	22.2	11.1		31	16.3	18.0	13.6	17.3	3.2	21.7	37.0	0.98	1.03	1.82	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
1949	1,086,100	19.5	9.8		32	16.3	17.7	13.1	18.3	3.2	21.7	37.0	0.98	1.03	1.82	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10	1.10
1950	1,106,800	18.1	10.7		31	15.0	17.0	13.1	18.3	2.2	23.0	36.0	0.83	1.07	1.88	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1951	1,117,900	16.8	10.9	0.96	35	14.5	19.6	15.1	19.3	4.4	23.2	36.0	0.73	1.03	1.88	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1952	Average	19.8	10.8		35	14.5	19.6	15.1	19.3	4.4	23.2	36.0	0.73	1.03	1.88	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1953	1,110,000	16.3	11.1	0.96	30	15.9	19.2	10.5	18.2	1.6	22.6	33.3	0.75	1.03	1.88	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1954	1,119,000	16.4	10.2	0.96	27	15.6	17.6	9.2	17.5	1.3	19.6	33.3	0.80	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1955	1,118,500	16.4	10.6	0.94	26	15.1	18.0	8.1	16.5	1.1	23.5	37.9	0.58	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1956	1,117,700	16.4	10.6	0.94	24	13.8	16.8	7.4	16.5	0.7	21.6	35.1	0.80	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1957	1,111,700	16.0	11.3	0.94	24	14.0	16.3	7.4	17.2	0.8	23.0	35.7	0.32	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1958	Average	16.4	10.8		26	14.7	17.6	8.5	17.5	1.1	22.0	35.3	0.65	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1959	1,110,800	16.6	10.9	0.94	25	14.8	17.6	7.0	17.9	1.0	22.9	37.0	0.63	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1960	1,103,000	17.1	11.2	0.94	25	14.8	17.6	7.0	17.9	1.0	22.9	37.0	0.63	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1961	1,095,000	17.6	11.0	0.95	25	16.0	17.9	7.1	20.0	0.3	22.1	37.0	0.41	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1962	1,091,500	17.7	11.6	0.95	23	15.8	18.0	7.4	18.0	0.6	22.0	37.8	0.40	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1963	1,093,160	19.0	11.0	0.95	23	14.4	16.0	6.6	17.2	0.6	19.9	34.0	0.52	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1964	Average	17.6	11.1		25	15.4	17.2	7.0	18.3	0.6	21.4	36.6	0.48	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1965	1,110,800	19.5	11.4	0.95	24	14.6	16.6	7.3	18.0	1.1	20.1	32.7	0.46	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1966	1,115,080	20.0	11.2	0.95	23	14.0	16.1	6.7	16.8	1.2	19.1	34.4	0.23	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1967	1,115,630	20.0	11.3	0.99	24	13.0	15.5	8.3	15.6	1.1	18.9	31.6	0.22	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1968	1,106,040	20.2	10.7	0.99	21	12.6	14.3	7.0	15.7	1.5	17.5	29.8	0.40	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1969	1,102,600	19.6	11.1	0.99	22	12.6	14.7	7.4	15.7	1.6	17.2	29.6	0.36	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1970	Average	19.8	11.1		23	13.3	15.4	7.4	16.0	1.5	17.2	29.6	0.36	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1971	1,102,570	19.1	11.1	0.99	21	12.2	14.2	7.0	14.1	0.9	17.3	29.3	0.34	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1972	1,101,990	19.1	10.8	0.99	20	12.2	13.6	6.2	13.5	0.6	16.1	28.3	0.37	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40
1973	1,074,940	18.8	11.6	0.99	19	12.1	15.0	7.5	15.4	1.2	14.1	26.2	0.29	1.03	1.82	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40	1.40

Exclusive of General Paralysis

Registrar General's Estimate

Up to 1956 was stillbirths plus deaths in first four weeks per 1,000 live and still births. Beginning in 1956 only deaths in first week have been included.

WARDS				BIRTHS				TOTAL DEATHS		INFANT DEATHS	
Estimated Population	Number	Rate per 1,000 Population	Illegitimacy % of live births	Number	Rate per 1,000 Population	Number	Rate per 1,000 live births	Number	Rate per 1,000 Population	Number	Rate per 1,000 live births
Aston ...	24,700	28.5	14.1	703	28.5	99	14.1	285	11.5	24	34.1
Deritend ...	23,500	74.4	15.2	612	74.4	113	15.2	269	11.4	29	40.0
Duddeston ...	23,700	61.2	15.5	202	61.2	95	15.5	218	9.2	15	24.5
Ladywood ...	1,900	20.2	9.9	277	20.2	20	9.9	186	24.7	5	24.7
Newtown ...	12,000	23.1	14.1	277	23.1	39	14.1	171	14.2	5	18.0
Totals and Average Rates for Central Wards ...	95,800	26.5	14.4	2,538	26.5	366	14.4	1,129	11.8	78	30.7
All Saints ...	20,700	28.3	13.5	585	28.3	68	13.5	303	14.6	23	39.3
Edgbaston ...	25,800	45.0	16.2	450	45.0	73	16.2	297	11.5	16	35.6
Gravelly Hill ...	28,000	58.1	9.6	581	58.1	56	9.6	456	16.3	14	24.1
Handsworth ...	30,300	89.8	16.8	701	89.8	151	16.8	366	12.1	20	22.3
Moseley ...	28,100	70.1	24.9	651	70.1	107	24.9	354	12.6	20	28.5
Rotton Park ...	20,100	32.4	14.1	651	32.4	92	14.1	506	25.2	20	30.7
Satley ...	26,900	53.9	13.2	539	53.9	71	13.2	314	11.7	15	27.8
Selly Oak ...	26,900	39.2	5.6	392	39.2	72	5.6	426	15.8	5	12.7
Small Heath ...	29,400	26.7	14.1	786	26.7	111	14.1	305	10.4	22	22.7
Soho ...	27,100	96.9	35.8	969	96.9	138	35.8	282	10.6	15	22.4
Sparkbrook ...	26,600	78.6	13.2	786	78.6	104	13.2	282	10.6	15	22.4
Sparkhill ...	30,100	73.9	10.1	739	73.9	75	10.1	324	10.8	18	22.4
Washwood Heath ...	27,800	49.1	8.3	491	49.1	41	8.3	335	12.1	11	22.4
Totals and Average Rates for Middle Ring Wards ...	347,800	24.6	12.9	8,568	24.6	1,109	12.9	4,550	13.1	221	25.8
Acocks Green ...	28,300	44.5	8.3	445	44.5	37	8.3	350	12.4	6	13.5
Billesley ...	29,100	35.4	11.4	354	35.4	32	11.4	333	10.2	2	5.6
Brandwood ...	35,700	51.5	7.0	515	51.5	36	7.0	365	10.2	10	19.4
Erddington ...	39,300	74.4	11.3	744	74.4	52	11.3	368	9.4	12	16.1
Fox Hollies ...	25,300	28.6	9.1	286	28.6	26	9.1	336	13.3	5	17.5
Hall Green ...	29,400	35.9	4.5	359	35.9	16	4.5	373	12.7	7	8.4
Harborne ...	25,600	33.3	11.3	333	33.3	29	11.3	322	12.6	5	21.0
Kingsstanding ...	33,700	23.6	8.5	236	23.6	20	8.5	310	10.4	7	29.7
Kings Norton ...	34,000	59.4	7.1	594	59.4	30	7.1	355	14.3	15	23.2
Loughbridge ...	33,100	53.2	10.3	532	53.2	38	10.3	475	8.2	12	22.6
Northfield ...	35,000	61.4	4.6	614	61.4	36	4.6	287	8.8	18	29.3
Oscott ...	28,100	39.2	3.8	392	39.2	18	3.8	231	8.1	9	23.0
Perry Barr ...	25,600	39.0	15.2	390	39.0	15	15.2	207	8.1	4	10.3
Quinton ...	25,600	24.8	9.9	248	24.8	12	9.9	318	12.7	5	20.2
Sandwell ...	29,600	53.6	13.1	536	53.6	70	13.1	309	10.4	9	16.8
Shard End ...	37,900	57.8	15.2	578	57.8	56	15.2	346	9.1	8	13.8
Sheldon ...	28,800	38.2	7.1	382	38.2	27	7.1	205	7.6	2	5.2
Stedford ...	23,600	36.4	14.2	364	36.4	28	14.2	277	10.8	5	13.7
Stockland Green ...	30,000	38.7	12.9	387	38.7	31	12.9	372	12.4	6	15.5
Woolley ...	38,100	48.6	12.8	486	48.6	31	12.8	308	8.1	7	14.4
Varley ...	28,100	37.4	13.3	374	37.4	32	13.3	277	9.9	4	10.7
Totals and Average Rates for Outer Ring Wards ...	631,300	9,149	7.5	9,149	14.5	687	7.5	6,724	10.7	156	17.0
Ward of Domicile not known ...	1	—	—	1	—	—	—	29	—	1	—
Total and Average Rates for Whole City ...	1,074,940	20,256	10.7	20,256	18.8	2,162	10.7	12,432	11.6	456	22.51

No.	Cause of Death	Sex	0-	1-	2-	5-	15-	25-	45-	65-	75-	All Ages
1	Typhoid & Paratyphoid Fever...	M.	—	—	—	—	—	—	—	—	—	—
1A	Smallpox	F.	—	—	—	—	—	—	—	—	—	—
2	Measles	M.	—	—	—	—	—	—	—	—	—	—
3	Scarlet Fever	F.	—	—	—	—	—	—	—	—	—	—
4	Whooping Cough	M.	—	—	—	—	—	—	—	—	—	—
5	Diphtheria	F.	—	—	—	—	—	—	—	—	—	—
6	Influenza	M.	—	—	—	—	—	—	—	—	—	—
6A	Poliomyelitis incl. Polio Encephalitis	F.	—	—	—	—	—	—	—	—	—	—
7	Acute In toxic encephalitis incl. Enc. alitis Lethargica	M.	—	—	—	—	—	—	—	—	—	—
8	Meningococcal Infections incl. Cerebrospinal Fever	F.	—	—	—	—	—	—	—	—	—	—
9	Tuberculosis of Respiratory System	M.	—	—	—	—	—	—	—	—	—	—
10A	Tubercular Meningitis	F.	—	—	—	—	—	—	—	—	—	—
10B	Tuberculosis of the Abdomen	M.	—	—	—	—	—	—	—	—	—	—
10C	Tuberculosis of Spinal Column	F.	—	—	—	—	—	—	—	—	—	—
10D	Tuberculosis of Joints	M.	—	—	—	—	—	—	—	—	—	—
10E	Dissminated Tuberculosis	F.	—	—	—	—	—	—	—	—	—	—
10F	Tuberculosis of Glands and other parts	M.	—	—	—	—	—	—	—	—	—	—
11	Syphilis	F.	—	—	—	—	—	—	—	—	—	—
12	General Paralysis of Insane, Tabes Dorsalis	M.	—	—	—	—	—	—	—	—	—	—
13A	Cancer of Buccal Cavity & Pharynx	F.	—	—	—	—	—	—	—	—	—	—
13B	" Digestive Organs & Peritoneum	M.	—	—	—	—	—	—	—	—	—	—
13C	Respiratory Organs	F.	—	—	—	—	—	—	—	—	—	—
13D	Genital Organs	M.	—	—	—	—	—	—	—	—	—	—
13E	" Breast	F.	—	—	—	—	—	—	—	—	—	—
13F	" Urinary Organs	M.	—	—	—	—	—	—	—	—	—	—
13G	" Skin	F.	—	—	—	—	—	—	—	—	—	—
13H	" Other Organs	M.	—	—	—	—	—	—	—	—	—	—
14	Diabetes	F.	—	—	—	—	—	—	—	—	—	—

EPIDEMIOLOGY

Diphtheria

As in 1967 the year 1968 was again notable for the absence of any cases of diphtheria. During the last eight years cases and deaths occurred as follows:-

<i>Year</i>	<i>Cases</i>	<i>Deaths</i>	
1961	2	1	Never immunised.
1962	1	0	Mild case overdue for re-forcing injection.
1966	4*	1	The child who died had only had 3 injections and no booster dose.
			*No record of immunisation in one case. One had been immunised in infancy and the other had had three injections and was given a booster dose when the first case was notified.

No cases occurred during the years 1963, 1964, 1965, 1967 and 1968.

Dysentery

During the year 424 notifications of dysentery were made to the Department; 78 by hospitals, 61 by the Public Health Laboratory Service and 285 by general practitioners, Twelve of these were reclassified leaving 412 cases recorded by the Department as confirmed clinically, bacteriologically or by both methods. (In 1967 the Department recorded 647 similarly confirmed cases).

For age and sex distribution see page 45.

The seasonal incidence (with 1967 figures in brackets) was as follows:-

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
93 (216)	103 (200)	116 (120)	100 (111)

Faecal specimens were examined in 181 cases and in 94 of these dysentery organisms were found. The distribution of the 94 bacteriologically confirmed cases by species and season was as follows:-

	<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Totals</i>
<i>Shigella sonnei</i>	14	18	11	13	56
<i>Shigella flexneri</i>	17	4	15	2	38
TOTALS	31	22	26	15	94

After a lapse of three years during which it has rarely been detected, *Shigella flexneri* has become rather common again, serotype 3A being encountered 26 times and serotype X 12 times.

Only two institutional outbreaks came to our notice during the year.

In early January an outbreak of sonnei dysentery occurred at a day nursery. Ten children were affected. Four of them gave faecal specimens which were positive for *Shigella sonnei*; specimens from the other six were negative.

In the first quarter of the year there was a prolonged outbreak of flexner dysentery at a residential nursery affecting both children and staff. Eventually, 45 children and 44 members of the staff were affected. Only 12 gave faecal specimens positive for *Shigella flexneri*; 76 gave negative specimens and one was positive for *Shigella sonnei*.

Encephalitis

(a) INFECTIVE ENCEPHALITIS

Three unrelated cases (presumably of virus origin) were notified during 1968 all of whom died. Their ages were:-

Males: 8 yrs., 63 yrs.,
Females: 15 yrs.,

(b) POST INFECTIOUS ENCEPHALITIS, that is encephalitis associated with an infectious disease, was notified three times during the year. Details of these cases were as follows:-

<i>Sex and Age</i>	<i>Initial Infection</i>	<i>Outcome</i>
Male 43 yrs.,	Herpes Simplex	Recovered
Male 76 yrs.	Herpes Zoster	Died
Female 6 yrs.	Measles	Recovered

Food Poisoning

The diagnosis of food poisoning was accepted in 154 cases during 1968.

These were distributed as follows:-

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>	<i>Total</i>
8 (17)	2 (11)	52 (38)	92 (28)	154 (94)

The figures in brackets refer to 1967.

The following is a summary of the outbreaks and single cases which occurred.

An outbreak is defined as a situation where all the cases either probably or certainly are derived from a single contamination or infecting source.

	<i>Outbreaks</i>				<i>Cases</i>
	14				105
<i>Outbreaks due to identified agents</i>					
Salmonella typhimurium	4 families	...	...		11
Salmonella 4:12:d	1 group other than a family				10
Salmonella stanley	2 families	...	...	...	5
Salmonella infantis	1 family	...	...		3
Salmonella colorado	1 family	...	...	...	2
<i>Outbreaks of undiscovered cause</i>					
	3 families	...	...		9
	2 groups other than a family				65

Single Cases

<i>Agents identified</i>		<i>Unknown</i>	<i>Total</i>
41		8	49
<i>Organism</i>			<i>No. of cases</i>
Salmonella typhimurium			17
„ enteritidis			6
„ stanley			8
„ reading			1
„ st. paul			1
„ brandenburg			1
„ virchow			1
„ indiana			1
„ bredeney			1
„ newport			1
„ dublin			1
„ derby and kottbus			1
„ probably dublin or enteritidis			1

OUTBREAKS

Although careful investigations were made into the four families from whom Salmonella typhimurium was isolated, the causes of the illnesses were not discovered. One case, however, was a late notification and in regard to the other three, they could not remember the food eaten.

Boiled ham was the cause of a family outbreak of Salmonella stanley, affecting the father, son and daughter (onsets 12th and 13th August). The mother was found to be a symptomless excretor. The boiled ham was purchased on the 10th August, 1968 and eaten for tea that day, from a market stall holder, who obtained his cooked meats from a firm outside Birmingham. It was found on enquiry that an employee of the firm concerned had been ill with gastro-enteritis, returning to work on 3rd August, 1968 and from further information obtained from the surrounding areas it appeared other cases of food poisoning could be related back to this source.

Salmonella colorado was isolated from the faeces of two members of a family who became ill on the 23rd/24th June. The source of the infection was not discovered but a member of the household was found to be a symptomless excretor and Salmonella colorado was also isolated from their dog.

The outbreak affecting ten children and from whom a *Salmonella* organism 4:12:d was isolated, occurred on a children's ward and was thought to be due to minced chicken. The main clinical feature was diarrhoea and, although mild in most cases, a few of the infants were seriously ill. Several children were found to be symptomless excretors; all staff were screened and found to be negative. All the children who had the organism were on mixed feeding which included minced chicken.

Apparently this type of *Salmonella* had been isolated from similar outbreaks in other parts of the country.

Fifty employees of a works were affected between 21.30 hours on the 17th October and 12.00 hours on the 18th October, with severe abdominal pain, diarrhoea and vomiting, following a canteen meal. Specimens from all those affected, canteen workers and from a sample of roast beef were all negative.

Prawn cocktails were suspected as the cause of fifteen people becoming ill after a meal at a club. On investigation it was found that the refrigerator used for storage of the prawn cocktails had not been defrosted and the temperature was above 50°F. The kitchen of the club also fell below the standard of cleanliness.

SINGLE CASES

Salmonella typhimurium accounted for seventeen of the sporadic cases.

It will be observed that the notified cases of food poisoning are considerably increased over 1967 and indicates the continuing need to insist on and maintain a high standard of hygiene in the food preparation industry.

INFECTIVE JAUNDICE (Public Health (Infective Jaundice) Regulations, 1968)

These regulations came into operation on the 15th June, 1968, their purpose being to give some indication of the extent and incidence of infective jaundice. Jaundice has been notifiable since 1943 in certain eastern areas of England and, in nearly eighty local authority districts, infective hepatitis has been notifiable under local orders.

Since the operative date 186 notifications have been received and it would appear from these figures that this is a fairly common condition.

It is thought to have an incubation period of from fifteen to forty days, to be of viral origin and to spread from person to person by contact. The following table shows the age and sex distribution:-

	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	Total
Males ...	—	1	3	21	19	9	11	15	14	6	4	1	—	104
Females ...	—	1	9	19	17	10	14	7	2	—	2	1	—	82

There was one death, a twenty year old Asian who had arrived in this country on the 18th November, 1968; she was also pregnant. Her onset was about the 15th December, 1968, the symptoms being abdominal pains and paralysis; she died on the 18th December from a fulminating infective hepatitis. Her pregnancy and slight vomiting were considered not to be relevant.

The disease may also be transmitted by routes other than by ingestion i.e. serum hepatitis, but this occurs less frequently than infective hepatitis—the incubation period being usually from sixty to 160 days. Transmission is invariably by injection and a history of blood transfusion or inoculation within the incubation period may suggest this diagnosis. Such cases are, however, infrequent.

Leprosy

There were 13 registered cases of leprosy, all non-infectious, resident within the City at the beginning of the year. Two of these left Birmingham during the year. Two registered cases came to reside in Birmingham from other parts of the country and five residents in the City were notified and registered during the year. This brought the number of registered cases at the end of the year to 18.

All the new cases had non-infectious forms of the disease and had previously been resident in tropical countries, where they were considered to have acquired their infection.

Leptospirosis

As from the 1st October 1968, under the Public Health (Infectious Diseases) Regulations, 1968, leptospirosis became a notifiable disease. No cases, however, were reported during the year as having suffered from this disease.

Malaria

Seven cases of malaria were notified during 1968 (six males and one female) all having acquired their infection abroad.

Measles

There was a drop in the notification of measles during the year, 6,619 being notified as compared with 9,783 for 1967.

The following table demonstrates the biennial incidence from 1958 to 1963 but from 1964 to 1968 the trend appears to be towards only slight variation in total numbers from year to year. This was due to a change in the periodicity of the epidemics.

1958	...	...	...	...	...	4,168
1959	...	...	...	...	...	11,771
1960	...	...	...	...	...	1,291
1961	...	...	...	...	...	19,902
1962	...	...	...	...	...	3,457
1963	...	...	...	...	...	14,243
1964	...	...	...	...	...	6,723
1965	...	...	...	...	...	8,233
1966	...	...	...	...	...	6,839
1967	...	...	...	...	...	9,783
1968	...	...	...	...	...	6,619

Age and sex distribution:

<i>Age</i>	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75 +	<i>Total</i>
Male ...	175	1078	1012	1081	33	11	3	6	2	—	2	—	—	3403
Female	175	1042	962	978	33	10	8	5	2	—	1	—	—	3216

The highest number of notifications were received during the week ended 2nd August (475); week ending 19th January had the lowest number, 15. Three children died. The details are as follows:-

<i>Sex</i>	<i>Age</i>	<i>Date of Death</i>	<i>Remarks</i>
Female	9 months	17.11.68	Bronchopneumonia due to measles.
Male	18 months	29.3.68.	Baby had three other siblings who had not been ill. Baby died from measles and laryngo-tracheo-bronchitis.
Male	19 months	19.7.68	Very poor overcrowded house consisting of mother and father, six adults and four children. Baby's two elder sisters had had measles. Death was due to bronchopneumonia, measles and lymphatic leukaemia.

Meningococcal Infection

Eight cases of meningococcal infection occurred during the year, of whom three died. The ages and sexes were as follows:-

<i>Males:</i>	2 months, 2 years (died)
<i>Females:</i>	5 months, 14 months, (died), 3 years, (died), 3 years.
	3 years, 3½ years.

A woman aged 46 years who lived in Birmingham died on the 31st December 1968 in a Welsh hospital from acute meningitis.

Paratyphoid B. Fever

There were two cases of paratyphoid B. fever during 1968. One was a 19 year old student who had been on holiday in Morocco arriving back in England on the 26th September, 1968. His onset was the 27th September, and it was assumed that he had acquired his infection abroad. The phage type was "Taunton".

The second case was a boy of 7 years who was admitted to hospital on the 3rd October with a gastro-enteritis infection but was later found to be excreting paratyphoid organisms (phage type I) in his faeces. His onset was the 28th September with headache and generally 'off colour'; on the 30th September he had vomiting and diarrhoea. Despite careful enquiries the source of the boy's infection was not found; no other cases occurred in his family.

Pneumonia

Under the Public Health (Infectious Diseases) Regulations 1968 pneumonia ceased to be notifiable as from the 1st October, 1968.

There were however 89 notifications received during the period up to the 30th September 1968 (83 notifications of primary pneumonia and 6 of the type following influenza). The age incidence was:-

Age	0	1—2	3—4	5—9	10—14	15—19	20—24	25—34	35—44	45—54	55—64	65—74	75+	Total
Notifs. of Primary pneumonia	1	3	1	8	2	5	3	5	3	9	13	14	16	83
Influenzal Pneumonia	—	1	—	—	—	—	1	—	2	—	—	1	1	6

The monthly incidence is given below.

Month	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.
Notifs. of Primary pneumonia	19	12	17	9	8	4	6	3	5
Pneumonia following influenza	2	—	1	—	2	—	1	—	—

Poliomyelitis

During 1968 there were five confirmed cases of poliomyelitis (four paralytic and one non-paralytic). All were children under the age of 6 years. The first four cases to be notified all lived in sub-standard (slum) houses in the same area of the City and, although careful investigation was

made, no direct contact could be found between any of the cases. The fifth case was a boy of 6 years who lived in a slum back to back type house in another area of the City. There had been no contact with the previous cases. The following are the details. There were no deaths.

<i>Sex</i>	<i>Age</i>	<i>Admitted to Hospital</i>	<i>Onset of Illness</i>	<i>Immunisation State</i>	<i>Remarks</i>
Female	5 yrs.	12.6.68.	10.6.68.	Not protected	Paralysis of legs Type 1 faeces blood also conclusive. Wild Strain.
Male	2 yrs.	3.7.68	15.6.68.	Not protected	Paralysis of left leg. Type 1 faeces Wild Strain.
Male	3 yrs.	8.7.68—Ad. to the Burns Unit with 15% serious burns. Transferred to East Birmingham Hospital— complication of polio- myelitis.	8.7.68 (Burns) Next day had a general- ised convulsion, associated with high fever. As he came from the same area as the above children—stool taken which showed a poliovirus Type 1.	One dose only in Nov. 1966	NON-PARA- LYTIC Type 1 faeces Wild Strain.
Male	2 yrs.	29.7.68	27.7.68	Not protected	Mild paralysis of left leg. Type 1. faeces.
Male	6 yrs.	13.10.68	10.10.68	Not protected	Paralysis (facial) Type 1. faeces.

Poliomyelitis last occurred in the City in 1962 when five cases were notified.

<i>1955</i>	<i>1956</i>	<i>1957</i>	<i>1958</i>	<i>1959</i>	<i>1960</i>	<i>1961</i>	<i>1962</i>	<i>1963–1967</i>	<i>1968</i>
84	7	35	43	9	22	18	5	Nil	5

Psittacosis

In July, 1968 three cases of psittacosis were notified and one further case in October. Careful investigations were made but no connection was found between any of the cases.

The first case was a man aged thirty-four who had been admitted to hospital on the 17th June suffering from a pneumonia-like illness. He made a quick recovery and was discharged on the 27th June. The result of viral examinations which were reported after his discharge showed that the patient had a psittacositic (Bedsonian) infection (the complement fixation test showed a four-fold antibody rise to the psittacosis group), and his atypical pneumonia was most probably caused by this agent. On investigation it was found that about eight weeks prior to his illness he purchased a young budgerigar from a stall in the market. For a week the bird was very active and healthy but later it became very drowsy and

seemed unwell, taking very little food or water and at times appeared to be choking. The wife of the patient previously had similar symptoms to her husband but of a much milder nature and she recovered quite quickly. Enquiries were made at the shop where the bird was purchased when it was found that all the budgerigars on sale during the relevant period had been imported from Holland, which apparently was a departure from the shop's usual custom; they were considered to be a poor lot of birds and it was not proposed to repeat this venture. There had not, however, been any unexplained deaths or complaints from purchasers.

Unfortunately, whilst in hospital, the patient asked his wife to get rid of the bird, so she let it fly away. A specimen of blood taken from the wife on the 16th July showed a positive complement fixation test 1-8.

A man of thirty-five years was admitted to hospital on the 11th July for investigation of a three week history of intermittent fever. During the week prior to admission to hospital he had an attack of diarrhoea and at the time of admission was complaining of pain in his back and left loin. In view of the rather atypical nature of this man's illness and the fact that he kept pigeons, tests were carried out on him and the results suggested psittacosis.

The third case was a little girl of six years who was admitted to hospital suffering from pneumonia. After treatment she made a rapid recovery. Clinical tests suggested psittacosis. Further investigations revealed that she had been in contact with budgerigars.

The case notified in October was a forty-five year old man who had been admitted to hospital on the 12th September having been ill about ten days with a fever and a pneumonic illness. This, together with laboratory findings, were evidence of a recent attack of psittacosis. On investigation it was found that he had a budgerigar in his own home.

Scabies

Facilities for the cleansing of scabies cases are available centrally at the Cleansing Station. As can be seen from the following table the year 1968 again shows a high increase in the incidence of scabies. The reason for this is unknown, but this is also apparent in other parts of the country.

<i>Year</i>	<i>Treated by the Health Department</i>	<i>Treated by the School Health Service</i>	<i>Total</i>
1964	1,098	408	1,506
1965	1,684	435	2,119
1966	2,524	746	3,270
1967	4,112	686	4,798
1968	4,725	1,106	5,831

Scarlet Fever

During 1968 there were 285 confirmed cases of scarlet fever as compared with 560 and 544 for 1967 and 1966 respectively.

The age group 5-9 years accounted for 49 per cent. of the cases.

There were no deaths.

Smallpox

No cases of smallpox occurred during the year 1968.

Surveillance was, however, carried out on a number of people who had arrived in England from endemic areas.

Tetanus

Tetanus became notifiable as from 1st October 1968. No cases were however notified.

Typhoid

During 1968, eight cases of typhoid fever occurred. There were no deaths.

Males:	17 months, 5 years, 10 years, 30 years, 36 years, 40 years
Females:	22 years, 35 years

Details were as follows:-

A man aged forty years was taken ill on the 2nd May, 1968 with typhoid fever (phage type 'A'). On investigation it was found that his fiancée had had typhoid thirty-five years ago and had remained a carrier (phage type 'A'). No other cases arose from this source.

The seventeen month old baby lived in the same household as the twenty-two year old woman who had returned from Pakistan on the 24th September, 1968 and was ill on arrival in England. She was admitted to hospital on the 3rd October and confirmed as suffering from typhoid fever. The baby's onset was the 3rd October. The phage type in both cases was 'A'.

On the 18th March a thirty-six year old man was admitted to hospital suffering from gastro-enteritis. He had returned to England from Pakistan three weeks before admission to hospital and during this time had been unwell. He was confirmed as a case of typhoid fever (phage type KI) and it was assumed that he had acquired his infection abroad.

The five year old boy lived in a house occupied by two families. He was taken ill on the 18th April with a fever and was admitted to hospital on the 1st May where he was confirmed as suffering from typhoid fever (phage type 'A'). It was found on enquiry that the boy had been in contact with a cousin who had recently arrived from Dar-es-Salaam and who was found to be a typhoid carrier - phage type 'A'.

On the 8th August a ten year old boy was admitted to hospital with a pyrexia of unknown origin, having been ill since the 1st August. On the 11th August he passed a loose stool and on the 12th August he was diagnosed as a case of typhoid fever. On investigation it was found that his sixteen year old sister, who carried out most of the household duties including cooking, was a typhoid carrier. The phage type in both cases was 'O'.

An untypeable Vi strain of typhoid was isolated from a man who had been on holiday in Syria from the 19th September until the 14th October. On the 14th and 15th October he had a high temperature and on admission to the isolation hospital on the 18th October he had a high fever and rose spots. *Salmonella typhi* was isolated from his faeces. He responded to treatment and was discharged having had six negative faecal and urine specimens.

The thirty-five year old woman arrived in this country from Rawalpindi on the 1st December, 1968. She became ill on the 4th December with vomiting, later developing a fever. On the 9th December, following an increase in fever and delirium, she was admitted to hospital and was diagnosed as a case of typhoid fever (degraded Vi strain). It was assumed that she had acquired her infection abroad. No other cases occurred in the household.

Venereal Disease

Dr. W. Fowler, Consultant in Venereology, has once again supplied the following information concerning patients attending the General Hospital.

In 1968, gonorrhoea was very prevalent in Birmingham, indeed, more cases were diagnosed and treated than ever before. On the other hand, there was little change in the incidence of non-gonococcal urethritis and a marked decrease in incidence of syphilis. The total number of new patients attending the Clinic was about 4 per cent greater than in the previous year.

GONORRHOEA

There was an increase of 16.5 per cent in the total number of cases. However, it will be recalled that as applied to gonorrhoea the term 'case' refers to one attack of gonorrhoea, not to one individual, and that one individual may be responsible for a number of 'cases' in the course of a year. Actually, there were 165 more male patients and 121 more female patients than in 1967.

	<i>New Cases</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>
1967	1,781	630	2,411
1968	2,017	791	2,808

<i>New Patients</i>			
1967	1,526	567	2,093
1968	1,691	688	2,379

RACIAL INCIDENCE

There was an increased incidence in British, West Indian, Southern Irish and Asiatic males and a marginal increase in incidence in men from other parts of the world. British males and females from the West Indies provided more cases than in 1967, whilst Southern Irishwomen had a lower incidence than in that year.

			<i>Male</i>		<i>Female</i>	
			<i>1967</i>	<i>1968</i>	<i>1967</i>	<i>1968</i>
British	...	...	736	801	481	630
W. Indian	...	...	531	644	72	82
S. Irish	...	...	219	246	70	66
Asiatics	...	...	224	255	3	4
Others	...	...	70	71	3	9

TEENAGE INCIDENCE

Male cases increased by 67 per cent. (97 cases) and female cases by 15 per cent. (36 cases). 1 male and 23 females were under 16 years of age and 57 males and 99 females under 17 years of age. The proportion of the total male cases accounted for by individuals under 20 years of age increased from 8 per cent in 1967 to 12 per cent in the year under review. The corresponding figures for the female teenagers were 37 per cent in 1967 and 34 per cent in 1968.

			<i>New Cases</i>			
			<i>Male</i>		<i>Female</i>	
<i>Age</i>			<i>1967</i>	<i>1968</i>	<i>1967</i>	<i>1968</i>
under 16	...	—		1	19	23
16 — 17	...	45		57	79	99
18 — 19	...	100		184	136	148

PENICILLIN SENSITIVITY

As in previous years, the initial cure rate of penicillin remains above 95 per cent. and there is no evidence of any increase in insensitivity of the gonococcus to penicillin since 1967, when 21·7 per cent. of strains of gonococci had a minimum inhibitory concentration of penicillin of 0·4 units.

NON-GONOCOCCAL URETHRITIS

There were 869 cases, 8 cases more than in 1967. Lack of knowledge of the natural history of this group of conditions makes it impossible to discuss trends in incidence.

SYPHILIS

EARLY INFECTIONS

The steep decline in the incidence of early syphilis seen in 1967 continued during 1968 and was most marked in females who accounted for only three cases.

		<i>Male</i>		<i>Female</i>	
		<i>1967</i>	<i>1968</i>	<i>1967</i>	<i>1968</i>
Primary	...	14	16	2	1
Secondary	...	16	8	15	2
Early latent	...	4	2	8	3
		<hr/>	<hr/>	<hr/>	<hr/>
		34	26	25	6
		<hr/>	<hr/>	<hr/>	<hr/>

RACIAL INCIDENCE (*Primary and secondary syphilis only*)

17 cases were British compared with 33 in the previous year. All the racial groups except West Indian provided fewer cases than in 1967.

		<i>Male</i>		<i>Female</i>	
		<i>1967</i>	<i>1968</i>	<i>1967</i>	<i>1968</i>
British	...	17	14	16	3
W. Indian	...	1	2	—	—
Asiatic		9	5	—	—
S. Irish	...	2	2	1	—
Others		1	1	—	—
		<hr/>	<hr/>	<hr/>	<hr/>
		30	24	17	3
		<hr/>	<hr/>	<hr/>	<hr/>

AGE INCIDENCE (*Primary and secondary syphilis only*)

There was 1 male and 1 female patient under 17 years of age – 1 male and 1 female between the age of 18 and 19 years and the remainder were over 20 years of age.

PLACE OF INFECTION

The three females and sixteen males contracted the disease in Birmingham. Three males were infected in other parts of the country, while the remaining males contracted the infection overseas.

LATE SYPHILIS

A diagnosis of late syphilis was made in 61 cases as against 47 cases in the previous year. The nationalities of these patients were as follows:— British 29 cases, West Indian 22 cases, Southern Irish 6 cases, Asiatic 4 cases.

SYPHILIS IN PREGNANCY

Of the females treated for syphilis, 11 were pregnant when the diagnosis was made (the corresponding figure in 1967 was 15). Of these patients 4 were born in this country, 5 were West Indians, 1 was Irish and 1 Pakistani. In all cases the infant was normal.

CONGENITAL SYPHILIS

There were no cases of congenital syphilis in infancy. One boy aged 14 and one young woman aged 20 were found to have the disease.

CHANCROID, GRANULOMA INGUINALE, LYMPHOGRANULOMA VENEREUM AND YAWS

There was one case of Chancroid and one case of Lymphogranuloma Venereum in 1968. (No cases of either disease in 1967). The number of cases of Yaws (19) was one more than in the previous year.

OTHER CONDITIONS

This category includes patients with diseases of the genitalia or lower genito-urinary tract which have to be differentiated from the venereal diseases, patients who have been in contact with venereal disease and individuals who require a certificate of freedom from venereal disease. The number of patients in this category increased by 3·7 per cent.

	1967	1968
Cases requiring treatment ...	1,179	1,171
Cases requiring no treatment ...	2,523	2,668
	<hr/> 3,702	<hr/> 3,839

As in the past, prostitutes played only a minor role in the spread of gonorrhoea, being responsible for 9 per cent of the male infections as against 11 per cent in 1967. 8 of the 24 men with early syphilis also contracted the infection from prostitutes. 6 men acquired the disease homosexually.

CONTACT TRACING AND CASE HOLDING

Four part-time Contact Tracers were employed in November, 1966, the main purpose being to interview patients who were unaware of the identity of the person who had infected them and to try to obtain sufficient

information to allow the latter individual to be identified and brought for treatment. Unfortunately, during the past year contact tracing has been seriously curtailed due to ill health and resignations and it is not possible still to be able to evaluate this work properly. However, it would appear that among the contacts of 15 to 20 per cent. of the patients interviewed, 330 were found to be suffering from the disease. It was only possible to trace two individuals who might have been the source of syphilitic infection. Both were suffering from the disease.

Case Holding was no more successful than in previous years and for the same reason as previously, namely, the high proportion of false names and addresses given by the patients.

COMMENT

Gonorrhoea, already more prevalent in Birmingham than ever before, continued to increase in prevalence in 1968. The increase in the British population was not unexpected, the increase in the immigrant population was completely unexpected and most disappointing. Previously, the incidence had been decreasing in West Indians and Asiatics. This had been taken as an indication that these people were becoming more settled in this country and that gonorrhoea would continue to decrease in prevalence in these communities. This conception that these immigrants are becoming more settled in this country is not necessarily wrong as the increased amount of gonorrhoea provided by these individuals in 1968 was partly accounted for by greater number of infections in young adults and teenagers than hitherto. This might mean that these teenagers have adopted the present mores of this country. If this is so then one can hardly expect the incidence of gonorrhoea to decrease in the foreseeable future in the immigrant population, any more than this can be expected in the local population, particularly in teenagers and young adults so long as the social climate remains as it is.

The incidence of early syphilis has continued to decline in Birmingham and is now a comparatively rare disease. However, it would appear that there are still foci of infection in the City and so long as these remain there is always the risk of outbreaks of the disease.

Of the other diseases, only non-gonococcal urethritis is of any real importance. The incidence of this condition changed little in 1968, but is some three times greater than ten years ago. The disease, or more properly, group of diseases, presents considerable diagnostic and therapeutic problems and, as mentioned earlier, lack of knowledge of this condition precludes any attempts at control.

NUMBERS OF NEW BIRMINGHAM CASES OF
VENEREAL DISEASES TREATED YEAR BY YEAR
SINCE 1953

<i>Year</i>	<i>Syphilis</i>	<i>Soft Chancre</i>	<i>Gonorrhoea</i>	<i>Other Cases</i>
1953	148	—	571	2,352
1954	135	—	446	2,275
1955	156	—	463	2,431
1956	188	—	875	2,492
1957	192	—	1,138	2,213
1958	133	—	1,223	2,106
1959	129	—	1,244	2,189
1960	112	—	1,559	2,680
1961	157	—	2,091	3,286
1962	137	—	2,099	3,292
1963	114	—	2,018	3,579
1964	109	—	1,943	3,746
1965	176	—	1,915	3,798
1966	129	—	2,125	4,005
1967	107	—	2,136	3,918
1968	89	—	2,538	4,046

VENEREAL DISEASE TREATED IN BIRMINGHAM HOSPITALS

	<i>Name of Hospital</i>	<i>Syphilitic conditions</i>	<i>Gonorrhoea</i>	<i>Other conditions</i>
New cases coming under treatment during 1968	General Children's	102 —	2,808 —	4,747 6
TOTAL number of attendances during 1968	General Children's	1,929 —	11,003 —	15,711 8
Cases discharged after completion of treatment and for observation	General Children's	88 —	2,017 —	4,332 4
Cases transferred from other centres	General Children's	7 —	9 —	11 —

Whooping Cough

There were 625 notifications of whooping cough during 1968 as compared with 778 for 1967 and 856 for 1966.

The notifications reached their peak in the week ending 17th May 1968 when 30 were received. Children under the age of 15 years accounted for 616 of the 625 notified; 9.3 per cent of the 625 were under one year of age, and 66 per cent under five years of age.

There were two deaths. Details as follows:-

Male aged 4 months

Child came from a good home and was well cared for. Mother stated baby had not been well from birth. Had pneumonia at 2 months of age and never seemed to recover. He had had no known contact with any other case of whooping cough. Died 10.7.68 - Ia. bilateral pneumonia and whooping cough; II prematurity. Not immunised.

Male aged 1 month

Child first taken ill with a cold which gradually developed into a cough and was seen by own doctor. Baby deteriorated and was admitted to hospital where he died on 26.11.68 from broncho-pneumonia, whooping cough and cardiac failure. The home conditions were good and the baby had not been in contact with any other known case of whooping cough.

Yellow Fever

As from the 1st October 1968 yellow fever became a notifiable disease. No cases were, however, recorded for the year 1968.

Public Health Aircraft Regulations

Health Control of 546 aircraft arriving at Birmingham Airport Elmdon during 1968 from outside the 'excepted area' was carried out uneventfully.

INFECTIOUS DISEASES 1968

CONFIRMED CASES

AGES

	Sex	0	1-2	3-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75 up	Totals	
x	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
eria	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
ery	M	17	47	37	34	7	7	11	23	12	16	4	4	1	220	
	F	7	31	21	34	7	15	13	21	19	9	8	3	4	192	412
alitis	M	—	—	—	—	—	—	—	—	1	—	—	—	1	2	
Infectious ...	F	—	—	—	1	—	—	—	—	—	—	—	—	—	1	3
alitis	M	—	—	—	1	—	—	—	—	—	—	1	—	—	2	
e Infective ...	F	—	—	—	—	—	1	—	—	—	—	—	—	—	1	3
elas*	M	1	—	—	1	1	—	—	1	2	1	2	—	3	14	
	F	—	1	—	—	3	—	—	1	1	3	5	2	2	19	33
oisoning ...	M	6	7	3	5	5	5	7	14	20	3	4	—	—	79	
	F	4	3	1	2	2	6	9	25	11	9	1	1	1	75	154
e Jaundice**	M	—	1	3	21	19	9	11	15	14	6	4	1	—	104	
	F	—	1	9	19	17	10	14	7	2	—	2	1	—	82	186
... ..	M	—	—	—	1	1	1	—	1	1	(plus 1 female age unknown)	—	—	—	4	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	3	7
irosis***	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
... ..	M	—	—	—	1	2	1	1	—	—	1	—	—	—	6	
	F	—	—	—	—	1	—	—	—	—	—	—	—	—	1	7
... ..	M	175	1078	1012	1081	33	11	3	6	2	—	2	—	—	3403	
	F	175	1042	962	978	33	10	8	5	2	—	1	—	—	3216	6,619
ococcal	M	1	1	—	—	—	—	—	—	—	—	—	—	—	2	
tion	F	1	1	4	—	—	—	—	—	—	—	—	—	—	6	8
lmia	M	105	—	—	—	—	—	—	—	—	—	—	—	—	105	
atorum ...	F	100	—	—	—	—	—	—	—	—	—	—	—	—	100	205
hoid	M	—	—	—	1	—	1	—	—	—	—	—	—	—	2	
... ..	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
onia*	M	—	2	—	6	1	4	3	3	3	8	7	8	7	52	
	F	1	2	1	2	1	1	1	2	2	1	6	7	10	37	89
ocelitis	M	—	2	—	1	—	—	—	—	—	—	—	—	—	3	
ytic	F	—	—	—	1	—	—	—	—	—	—	—	—	—	1	4
ocelitis	M	—	—	1	—	—	—	—	—	—	—	—	—	—	1	
Paralytic ...	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
al	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
ia*	F	—	—	—	—	—	18	41	37	14	—	—	—	—	110	110
Fever	M	1	7	26	59	10	8	—	2	—	—	—	—	—	113	
	F	1	13	37	81	25	5	6	1	2	1	—	—	—	172	285
x	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
***	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Fever	M	—	1	—	1	1	—	—	1	2	—	—	—	—	6	
	F	—	—	—	—	—	—	1	—	1	—	—	—	—	2	8
g Cough ...	M	32	72	91	84	4	—	1	1	1	—	—	—	—	286	
	F	26	87	103	107	10	1	—	1	4	—	—	—	—	339	625
Fever***	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil

able up to 30th September, 1968.

**Notifiable from 15th June, 1968.

***Notifiable from 1st October, 1968.

IMMUNISATION

(Section 26 and 28 National Health Service Act 1946)

Immunisation statistics for the year show some interesting comparisons with those for 1967 as illustrated by the following figures abstracted from the detailed tables which follow:—

	1968	1967
Children who completed primary immunisation against diphtheria	22,610	20,451
Children who completed primary immunisation against poliomyelitis	15,056	23,092
Children who received reinforcing immunisation against diphtheria	14,467	14,388
Children who received reinforcing immunisation against poliomyelitis	29,820	14,265

Primary immunisations against diphtheria increased by 2,159, this increase being almost entirely in cases completed at local authority clinics.

Primary immunisations against poliomyelitis, having run for several years at a level similar to, or greater, than the annual number of births in the City, slumped considerably in 1968 to a figure which probably represents the basic acceptance rate of about 75%. Such an acceptance rate gives no cause for complacency. The re-appearance of poliomyelitis in the City during the year gave rise to an immediate demand for vaccination. This is reflected in the exceptional number of reinforcing immunisations against poliomyelitis: the primary immunisations begun at this time will not be completed until 1969.

Vaccination against measles, which was already available at the discretion of the general practitioner for children in whom measles was likely to prove particularly dangerous, was introduced as a routine measure in May, 1968. At first, because of limited supplies, the vaccine was offered to susceptible children aged 4 – 6 years (1 to 6 years in residential institutions, day nurseries and nursery schools). Later the vaccine was made available to all susceptible children between their first and fifteenth birthdays. From May to the end of the year 13,045 children were immunised against measles; 5,719 by general practitioners and the remainder at the Health Department clinics. The vaccine was supplied free of charge by the Department of Health and Social Security throughout the period.

B.C.G. VACCINATION

	1968	1967
Total number of vaccinations	13,624	13,827
Total number of injections	34,242	33,455

School Children (13 year old)

During the year 10,378 children had B.C.G. vaccination in schools, as compared with 11,460 in 1967.

The parents of 13,542 children were approached and of these 12,603 (93.06) accepted the skin test and vaccination with B.C.G.

During the period 13,321 were skin tested. Of these 901 had been previously vaccinated either through contact clinics or by special request in this City or elsewhere. (The number skin tested during the year is greater than the number who accepted because there is always a 'carry over' from one year to the next).

Table 1 – Children not previously vaccinated

Skin tests performed	...	...	...	...	...	...	...	12,420
Positive	...	...	...	...	...	...	...	1,337
Doubtful	...	...	...	...	...	...	...	9
Failed to attend for reading of test	...	...	...	...	...	...	...	669
Negative	...	...	...	...	...	...	...	10,405
Vaccinated with B.C.G.	...	...	...	...	...	...	...	10,378

Twenty seven children who gave a negative reaction to skin test were not vaccinated for various reasons; swimming, illness, etc. A number of these were later tested and vaccinated.

The percentage of positive reactors amongst those not previously vaccinated is somewhat higher than in recent years:—

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
9.4%	8.9%	7.9%	7.5%	8.1%	10.4%	8.8%	10.6%	6.9%	11.4%

Table 2 – Children who had previously been vaccinated

Skin tests performed	...	...	...	...	...	...	...	901
Positive	...	...	...	...	...	...	...	879
Doubtful	...	...	...	...	...	...	...	2
Failed to attend for reading of test	...	...	...	...	...	...	...	12
Negative	...	...	...	...	...	...	...	8

(re-vacc: 6)

A sample of children from each school, vaccinated with B.C.G. during the previous year, was given a skin test:—

Conversion tests performed	...	...	...	...	...	...	857
Tests read	...	...	...	...	...	...	779
Converted	...	...	...	...	...	...	774 (99.4%)
Negative	...	...	...	...	...	...	4
Doubtful	...	...	...	...	...	...	1
Failed to attend for reading of test	...	...	...	...	...	...	78

Two members of staff at schools were skin tested:—

One was vaccinated with B.C.G.

One gave a positive reaction (previously vaccinated)

School Children X-rayed during 1968

Of the 13,321 initially skin tested 2,216 were found to give a positive reaction (879 children who had been previously vaccinated and 1,337 who had not been previously vaccinated).

Of these children 2,178 were offered X-ray during 1968, the rest will be given appointments during 1969.

Also 23 children who were found to give a positive reaction in 1967 were X-rayed in 1968:-

X-ray appointments offered	...	...	...	...	...	2,201
Failed to attend	...	...	...	...	...	217
X-rayed during preceding 12 months	...	...	...	...	...	24
Abnormal	...	...	...	...	...	23
Normal	...	...	...	...	...	1,937

Children whose parents refuse skin testing or vaccination are offered X-ray. There were 939 refusals during 1968 and 915 were offered X-ray appointments. The rest will be offered during 1969. Also 48 children whose parents refused in 1967 were offered X-ray during 1968.

X-ray appointments offered	...	...	...	...	...	963
Failed to attend	...	...	...	...	...	420
X-rayed during preceding 12 months	...	...	...	...	...	15
Abnormal	...	...	...	...	...	7
Normal	...	...	...	...	...	521

Children whose parents had signed permissions for them to receive the skin test etc., and who were absent from school when the Medical Officer visited, and who failed to attend Central Clinics, were also offered X-ray:-

X-rayed appointments offered	...	...	...	...	...	875
Failed to attend	...	...	...	...	...	667
X-rayed during preceding 12 months	...	...	...	...	...	4
Abnormal	...	...	...	...	...	2
Normal	...	...	...	...	...	202

Appointments for X-ray were offered to children for whom vaccination with B.C.G. was inadvisable (includes two from 1967)

X-rayed appointments offered	...	...	...	...	...	100
Failed to attend	...	...	...	...	...	68
X-rayed during preceding 12 months	...	...	...	...	...	—
Abnormal	...	...	...	...	...	1
Normal	...	...	...	...	...	31

A case of tuberculosis occurred in each of four City schools and entailed extra visits for the purpose of testing all contacts and vaccinating where necessary.

X-rays were offered to positives in the usual way.

32 Staff were offered X-ray	31 Normal	1 Abnormal
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Notifications in 1968 of Tuberculosis in school children previously Tuberculin tested or vaccinated with B.C.G.

One who was tuberculin positive in 1957

One who was „ „ „ 1963

Five who were „ „ „ 1966

Two who were „ „ „ 1967

Five who were „ „ „ 1968

One who was vaccinated with B.C.G. in 1959

Two who were „ „ „ 1961

One who was „ „ „ 1966

One child whose parents refused skin test, etc., in 1965, X-ray normal in 1965, was notified in 1968.

One child whose parents refused skin test, etc., in 1966, X-ray normal in 1966, was notified in 1968.

Three year follow up by X-ray of Tuberculin Positive Children Children positive during 1965

Appointments offered	...	...	...	...	...	...	574
Failed to attend	...	...	...	...	...	...	361
Normal	...	...	...	...	...	...	209
Abnormal	...	...	...	...	...	...	4

Contacts of Tuberculous Patients, Hospital and Public Health Staffs

During 1968 ninety-six clinics were held at the Public Health Department.

Skin tests performed	...	...	...	...	...	...	1,743
Positive	...	...	...	...	...	...	152
Doubtful	...	...	...	...	...	...	1
Failed to attend for reading of test	...	...	...	...	...	...	150
Negative	...	...	...	...	...	...	1,440
Vaccinated with B.C.G.	...	...	...	...	...	...	1,464

Nine negative reactors were not vaccinated for various reasons.

The number vaccinated includes 33 babies direct from Maternity Hospital without preliminary skin test.

In addition 22 babies were vaccinated at Maternity Hospital.

Conversion tests are carried out on this group who are at greater risk than the normal population:-

Conversion tests performed	...	...	...	...	...	1,327
Converted	...	...	...	...	...	1,166
Negative	...	...	...	...	...	16 (6 re-vaccd)
Doubtful	...	...	...	...	...	3
Failed to attend for reading of test	...	...	...	...	...	142

During the year B.C.G. vaccination was made available to babies and children of Asian parents as being persons at special risk.

Skin tests performed	...	...	...	...	...	1,632
Positive	...	...	...	...	...	24
Doubtful	...	...	...	...	...	—
Failed to attend for reading of test	...	...	...	...	...	159
Negative	...	...	...	...	...	1,449
Vaccinated with B.C.G.	...	...	...	...	...	1,442

Conversion tests were carried out on the above group:-

Conversion tests performed	...	...	...	...	...	1,134
Converted	...	...	...	...	...	1,011
Negative	...	...	...	...	...	8
Doubtful	...	...	...	...	...	4
Failed to attend for reading of test	...	...	...	...	...	111

During 1967 the School Health Service initiated a scheme for examining newly arrived immigrant children about to commence school. Heaf tests were given to all these children and negatives were referred to the B.C.G. section for follow up:-

Skin tests performed	...	...	...	...	...	602
Positive	...	...	...	...	...	230
Doubtful	...	...	...	...	...	—
Failed to attend for reading of test	...	...	...	...	...	43
Negative	...	...	...	...	...	329
Vaccinated with B.C.G.	...	...	...	...	...	327

Visitors

Twenty-two visits were paid to the Section by doctors and nurses of other authorities and countries for the purpose of observing the B.C.G. Clinics.

VACCINATION AGAINST SMALLPOX

Records were received of the following **vaccinations by general practitioners** of children in the City under the age of 16 years:—

Successful primary vaccinations	...	...	...	...	...	7,661
Re-vaccinations	...	...	...	...	...	363

In addition there were 390 persons, **vaccinated by the Staff of the Department.**

All these, with the exception of nine, were re-vaccinations. The majority were members of the Public Health Department or Ambulance staff who might be at immediate risk if a case of smallpox occurred in the City. The remainder were persons travelling abroad at short notice who were unable to arrange vaccination by a general practitioner. The total number of known smallpox vaccinations in the City, by age group, is as follows:—

<i>Age at date of vaccination</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2 - 4 years</i>	<i>5 - 15 years</i>	<i>16 years and over</i>
No. of primary vaccinations	842	4,373	2,020	426	9
Number of re-vaccinations	—	10	88	266	380

REACTIONS

There were two cases of generalised vaccinia:—

A boy aged $1\frac{1}{4}$ years had a primary vaccination given by his general practitioner on the 20th September, this was followed by moderate cellulitis, axillary adenitis and a diffuse rash on trunk and limbs.

The other case (benign generalised vaccinia) was a 63 year old woman who had been re-vaccinated prior to going abroad.

Both recovered.

Eczema vaccinatum occurred in two children as follows:—

<i>Sex</i>	<i>Age</i>	<i>Vaccinated</i>	<i>Remarks</i>
Male	7 years	Not vaccinated	Child suffered from infantile eczema and was admitted to hospital with eczema vaccinatum due to an accidental inoculation from a recently vaccinated sibling. He made a rapid recovery after treatment.

<i>Sex</i>	<i>Age</i>	<i>Vaccinated</i>	<i>Remarks</i>
Male	2 years	Primary vaccination	Child had a history of eczema. After treatment in hospital he recovered and returned to Jamaica.

YELLOW FEVER VACCINATION

As in previous years yellow fever vaccination clinics were held on Wednesday afternoons between 1400 and 1500 hours. Appointments are not necessary for these clinics. An International Certificate is issued at the time of vaccination and a charge is made.

During the year 2,183 persons were vaccinated against yellow fever. Of these 762 attended from addresses within the City and 1,421 from outside. Vaccination was performed at times other than the normal clinic session for the benefit of 58 people who had to travel at very short notice. Thirty five members of H.M. Forces attended the Birmingham clinic for yellow fever vaccination.

	<i>Under 9 months of age</i>	<i>9 months- 5 years</i>	<i>6 - 21 years</i>	<i>22 - 70 years</i>	<i>Over 70 years</i>
Persons vaccinated	nil	148	325	1,692	18

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES

NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1968

Age at Birth	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Children Total	Adult Total
DIPH.		1	4	6	4	9	2		1		1	1	1				30	—
DIPH. TET.	273	1,765	719	331	572	545	399	199	190	132	133	135	24	3	3	1	5,424	2
DIPH. PERTUS.																		—
TRIPLE	1007	4,474	574	247	15	3	1										6,321	—
TET.			1	2	4	20	5	19	23	15	27	51	159	105	165	164	760	69
POLIO	32	2,949	447	194	160	348	201	112	55	29	30	33	30	25	33	28	4,706	69
MEASLES		1,014	1,281	1,111	1,873	972	470	109	71	33	36	28	16	9	4	1	7,028	—
DIPH.																	—	—
DIPH.- TET.		27	3	8	11	3	1										53	—
DIPH.- PERTUS.																	—	—
TRIPLE	21	69	16	2													108	—
TET.																		—
POLIO		34	6	7	4	3											54	—
MEASLES		31	121	83	43	13											291	—
DIPH.																	—	—
DIPH.- TET.		1	1	1	1	1				1		2	1				9	—
DIPH.- PERTUS.																	—	—
TRIPLE			1		1												2	—
TET.										2			1	7	5	1	16	—
POLIO			1	1								1	5	3	2		13	—
MEASLES																	—	—
DIPH.																	—	—
DIPH.- TET.					1	3	8	30	30	61	35	42	12				222	—
DIPH.- PERTUS.																	—	—
TRIPLE																	—	—
TET.							1						63	50	4	50	168	138
POLIO						2	3	1	1	2	1	1	3		2	2	18	2

DIPHtheria, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES

NUMBER OF PERSONS WHO COMPLETED A PRIMARY COURSE DURING 1968 (CONT)

Year of Birth		1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Children Total	
Council House	DIPH.																	—	
	DIPH.— TET.				1	2	4	7	11	11	9	6	6	3				60	
	DIPH.— PERTUS.																	—	
	TRIPLE	2	1	2	1													6	
	TET.								2	5	3	1	1	13	80	111	70	286	
	POLIO		3	2	1		1	2	12	5	5	4	5	7	15	16	17	95	
	MEASLES		1			3		1	1					1				7	
General Practitioners	DIPH.	3	5	4	2	8	2			1					1			26	
	DIPH.— TET.	40	220	70	60	81	75	60	32	21	19	7	8	7	9	4	5	718	
	DIPH.— PERTUS.				2													2	
	TRIPLE	1,418	6,348	964	345	232	164	69	33	14	13	7	5	6	6	2	3	9,629	
	TET.	14	22	31	61	74	68	86	120	157	193	186	235	235	244	213	230	2,169	
	POLIO	1,150	6,091	1,033	422	322	254	198	134	108	82	95	77	62	60	40	42	10,170	
	MEASLES	54	1,047	1,237	1,010	942	642	412	122	96	40	36	27	22	14	12	6	5,719	
Totals	DIPH.	3	6	8	8	12	11	2		2		1	1	1	1			56	
	DIPH.— TET.	313	2,013	793	401	668	631	475	272	252	222	181	193	47	12	7	6	6,486	
	DIPH.— PERTUS.				2													2	
	TRIPLE	2,448	10892	1,557	595	248	167	70	33	14	13	7	5	6	6	2	3	16,066	
	TET.	14	22	32	63	78	88	92	141	185	213	214	287	471	486	498	515	3,399	
	POLIO	1,182	9,077	1,489	625	486	608	404	259	169	118	130	117	107	103	93	89	15,056	
	MEASLES	54	2,093	2,639	2,204	2,861	1,627	883	232	167	73	72	55	39	23	16	7	13,045	
Grand Totals		4,014	24103	6,518	3,898	4,353	3,132	1,926	937	789	639	605	658	671	631	616	620	54,110	
Under 1 year 4,014		1-4 Years 38,872					5-15 Years 11,224												Grand Total 62,568

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
AND DOSES DURING 1968

Birth		1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Children Total	Adults Total
	DIPH.		1	3	2	19	36	5	4	2		1						73	—
	DIPH.- TET.			8	9	2,308	3,361	461	143	91	44	28	22	3	2	2	1	6,483	1
	DIPH.- PERTUS.																	—	—
	TRIPLE		4	7	1													12	—
	TET.			1		4	21	19	37	39	21	14	25	30	60	14	19	304	26
	POLIO	1	562	832	930	2,950	3,911	1,015	733	687	587	545	438	434	318	246	199	14,388	2,148
nce	POLIO																	—	10
	DIPH.																	—	—
	DIPH.- TET.					17	46											63	—
	DIPH.- PERTUS.																	—	—
	TRIPLE																	—	—
	TET.																	—	—
	POLIO		21	30	33	59	59											202	32
es	POLIO																	—	454
	DIPH.																	—	—
	DIPH.- TET.							2	2	1	2		2					9	—
	DIPH.- PERTUS.																	—	—
ons	TRIPLE																	—	—
	TET.													2	4	3	1	10	—
	POLIO	1	1	1			3	2	2	1	3	2	1		3	4	2	26	—
arket	TET.																	—	11
	DIPH.										1							1	—
	DIPH.- TET.									1	3							4	—
	DIPH.- PERTUS.																	—	—
	TRIPLE																	—	—
	TET.					1			4	5	11	13	19	137	145	137	173	645	193
	POLIO		4	6	8	8	268	393	371	387	371	352	318	194	154	134	137	3,105	324

DIPHTHERIA, PERTUSSIS, TETANUS, POLIOMYELITIS, MEASLES
NUMBER OF PERSONS WHO RECEIVED REINFORCING INJECTIONS
AND DOSES DURING 1968 (CONTINUED)

Year of Birth		1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	Children Total	Ad- Tot.
Council House	DIPH.						1	1	1		1	1		1				6	
	DIPH.- TET.					3	44	1	5	1		1	2	1				58	
	DIPH.- PERTUS.																	—	
	TRIPLE																	—	
	TET.								4	7	4	6	4	18	56	60	61	220	14
	POLIO		9	19	18	54	74	10	28	32	47	27	26	29	28	17	14	432	32
Hospitals	POLIO						1		1	2	2							6	25
General Practitioners	DIPH.	1	1			18	54	15	5	5	3	2		1				105	
	DIPH.- TET.		59	127	113	752	2,100	522	195	86	75	36	44	28	12	13	6	4,168	1
	DIPH.- PERTUS.																	—	
	TRIPLE	6	199	412	190	441	1,708	388	76	22	18	11	9	2		2	1	3,485	
	TET.	1	18	42	70	76	121	120	159	170	194	208	205	205	193	169	174	2,125	4,54
	POLIO	20	262	524	511	1,511	3,310	1,140	804	729	626	573	497	412	317	243	182	11,661	2,13
Totals	DIPH.	1	2	3	2	37	91	21	10	7	5	4		2				185	
	DIPH.- TET.		59	135	122	3,080	5,551	986	345	180	124	65	70	32	14	15	7	10,785	1
	DIPH.- PERTUS.																	—	
	TRIPLE	6	203	419	191	441	1,708	388	76	22	18	11	9	2		2	1	3,497	
	TET.	1	18	43	70	81	142	139	204	221	230	241	253	392	458	383	428	3,304	4,92
	POLIO	22	859	1412	1500	4,582	7,626	2,560	1,939	1838	1636	1499	1280	1069	820	644	534	29,820	5,67
Grand Totals		30	1141	2012	1885	8,221	15,118	4,094	2,574	2268	2013	1820	1612	1497	1292	1044	970	47,591	10,6
0-4 Years 13,289							5-15 Years 34,302											Grand Total 58,217	

LABORATORY SERVICES

(a) ANALYTICAL LABORATORY

Samples examined during the year totalled 7,544 and were made up as follows:—

Samples taken under the Food and Drugs Act, 1955 :—

Milks	...	...	...	...	...	...	...	1,214	
Other foods	...	...	...	...	...	...	...	2,148	
Drugs	...	...	...	...	...	...	...	548	
									3,910
Special drugs (Research Section)	...	...	...	...	...	...	...	...	340
Miscellaneous samples	...	...	...	...	...	...	...	...	3,294
									7,544

Food and Drugs Act, 1955

FOODS. Out of a total of 3,362 samples, 98 or 2·9 per cent received adverse reports, but of these 78 were of genuine though sub-standard milk, i.e. the real rate of “adulteration” was only 0·6 per cent., the same as for 1967, and a very satisfactory low level. Undoubtedly the massive food legislation of the last twenty-five years is responsible for this state of affairs. The two-year pesticide in food survey organised by various local authorities and the Association of Public Analysts ended in July, 1968. Birmingham’s contribution for the second year was the analysis of forty-four assorted samples and the results again showed that many foods contained traces of the persistent organochlorine insecticides such as Gamma B.H.C. and D.D.T., but that the amounts present were of a low level. A booklet giving the overall countrywide results of the first year’s sampling has been produced but final comment must wait until the whole of the two years’ results have been examined.

MILK. Samples of churn milk totalled 1,105, and of bottled milk 109, the average composition of all these specimens being 3·73 per cent. fat and 8·70 per cent. solids-not-fat, making a total solids content of 12·43 per cent. The number of samples taken was much less than that of the previous year, namely 1,856, because of the foot and mouth disease epidemic. The Sale of Milk Regulations specify minimum limits of quality of 3·0 per cent. fat and 8·5 per cent. solids-not-fat below which milk is **presumed** to be adulterated until the contrary is proved. Milk of quality below the official limits is not necessarily adulterated but can be the result of natural causes. The Freezing Point Test is invaluable for detecting the presence of added water, and seven samples were shown by this test to be so adulterated. In the first case, three churns from one farmer contained milk with 0·2, 0·8 and 1·7 per cent. of extraneous water, suggesting carelessness

only. Repeat samples were genuine. In the second more serious case, the bulk milk of a five churn consignment contained 7.0 per cent. water which represents three and a half gallons of water in a total of fifty gallons of milk. Repeat samples of five individual churns gave results showing 16.0 per cent. and 2.3 per cent. water in two churns with three churns containing genuine milk.

Samples of milk, sub-standard from natural causes numbered only 78. Even allowing for the reduction in the total number of milks sampled, this figure compares very favourably with 273 in 1963. The improvement over the past few years has almost certainly been due to the Milk Marketing Board's "Payment by Quality" Scheme which is based on total solids content. Of the aforementioned 78 sub-standard milks, 52 were deficient in fat, 23 in solids-not-fat and 3 in both fat and solids-not-fat. Except in borderline cases, the farmers concerned were cautioned by the Medical Officer of Health and advised to seek the help of their Local Agricultural Advisory Officer.

OTHER INCORRECT FOODS. Deliberate adulteration of food is virtually a "thing of the past" and of the 2,148 samples examined, only thirteen were unsatisfactory, usually from minor causes. The Soft Drinks Regulations, 1964, require ordinary cordials to contain not more than 4,666 grains of cyclamic acid artificial sweetener per ten gallons, whereas a sample of concentrated squash investigated contained 7,000 grains per ten gallons. The manufacturers had misinterpreted the Regulations, which permit an unlimited amount of cyclamate in low calorie soft drinks but make no allowance for the degree of concentration of ordinary cordials.

A low starch loaf labelled as containing 30 per cent. protein as sold (i.e. in the moist condition) was found to have a protein content of only 22.9 per cent., and samples from other shops gave figures of 24.6 per cent. and 25.2 per cent. The manufacturers carried out a full investigation and the most probable cause of the discrepancy was simply that more water than normal was being used to make the bread.

A sample of plain flour contained 500 mg. of chalk per 100 g. of flour (official limits are between 235 and 390 mg. per 100 g.). The millers were notified. The homogenous mixing of small amounts of chalk with large amounts of flour is a difficult operation but a problem which seems to have been largely solved when the relatively few incorrect samples encountered are considered.

Overlong storage was responsible for the rejection of samples of mixed pickles and quick setting dessert mix, and labelling offences occurred with two samples of materials for making beer at home, and with a specimen of mashed potato. A sample of cooked pork luncheon sausage was found to contain 150 parts per million of sulphur dioxide contrary to the Preservatives in Food Regulations, 1962. A repeat sample also contained the

same preservative and the same amount, which appeared to indicate that the addition was a normal procedure. Following correspondence, the manufacturers agreed to discontinue the practice.

In a steak and kidney pie, one fifth of the meat present consisted of inedible gristle and skin and no kidney was detected. A repeat sample however was satisfactory, both the amount and quality of the meat present being improved.

INCORRECT DRUGS. 548 specimens of drugs were taken under the Food and Drugs Act and of these only twelve were classed as unsatisfactory. The drugs sampled are those obtainable without a doctor's prescription sometimes designated O.T.C. ("Over the Counter") drugs. Because of sampling difficulties, the more potent medicines such as barbiturate sleeping tablets, antibiotics and hormones which do require a doctor's prescription, are sampled in Birmingham under the special voluntary local drug testing scheme (see later) organised with the full co-operation of local pharmacists.

On opening a tube of baby cream, a thin sliver of metal loosely attached to the metal tip of the tube and capable of being squeezed out with the cream, was observed. This manufacturing fault, noticed before in eye ointment tubes, was pointed out to the packers. Furthermore, the contents of the tube were labelled as containing 0.01 per cent. benzalkonium chloride, whereas analysis suggested 0.20 per cent. Correspondence with the makers revealed that 0.20 per cent. cetrimide was also present as an emulsifying agent. As cetrimide and benzalkonium chloride have similar chemical and therapeutic properties, it seems pointless to have 0.20 per cent. of the former present and 0.01 per cent. of the latter. In any case, the presence of 0.20 per cent. cetrimide should have been disclosed on the label to satisfy the Pharmacy and Medicines Act, 1941, and suitable action was taken by the manufacturers.

A sample of throat tablets was stated to contain 5 mg. benzocaine per tablet whereas only 3.5 mg. was actually present. The specimen was found to have been more than eighteen months old and it is known that benzocaine deteriorates with age.

An overlong shelf life was also responsible for the deterioration of specimens of raspberry vinegar, nose drops, pain relief tablets, and of two little used, rather unstable medicines, namely, sal volatile and ammoniated solution of quinine. The stopper of the raspberry vinegar had corroded and blackened with age, the nose drops contained 0.45 per cent. chlorbutol compared with the 1.0 per cent. claimed, and aspirin present in the pain relief tablets had decomposed to give 20 mg. of free salicylic acid crystals on the inside of the containing tube. The sal volatile and quinine solutions had lost approximately half of their original ammonia content.

A bottle of compound codeine tablets, contrary to the Pharmacy and Poisons Act, 1933, did not bear a statement on the label of the address of the premises from where it was purchased although the name of the seller was given. Another labelling fault, this time in contravention of the Pharmacy and Medicines Act, 1941, concerned a specimen of mouth ulcer paste which did not bear a list of active ingredients on the label, although the product was clearly a "substance recommended as a medicine".

A proprietary acne treatment labelled as containing 0.01 per cent. cetrimide was on analysis proved to contain ten times this amount. However, the concentration found was more normal for this type of preparation, and indeed the manufacturers confirmed that a typographical error had occurred when the label had been printed.

The B.P.C. requires malt extract and cod liver oil to contain between 9.3 per cent. and 10.7 per cent. $\frac{w}{w}$ cod liver oil whereas a sample received during the year contained only 8.0 per cent. $\frac{w}{w}$. Correspondence with the manufacturers revealed that a batch of oil and malt low in cod liver oil content had been accidentally produced, and instructions had been given to mix it with a batch high in oil content to remedy the deficiency. This unfortunately had not been done.

In all the above cases, appropriate action was taken with the manufacturer or pharmacist concerned.

Local Drug Testing Scheme. By arrangement between the Health Committee and local pharmacists, a member of the Research Laboratory staff is permitted to visit local pharmacies and to select any drug from the shelves for analysis. This scheme, which was initiated in 1956, enables those drugs which can only be obtained on a doctor's prescription to be sampled easily and with the minimum of formality. During the year, 164 pharmacies were visited (there are about 270 in the City) and 326 samples taken for analysis. Results on the more important samples were as follows:—

<i>Drug</i>					<i>Number of samples</i>	<i>Number Incorrect</i>
Penicillin suspensions	...	...	...	...	28	0
Paracetamol preparations	...	...	...	...	52	0
Phenylbutazone tablets	...	...	...	...	75	8
Liquid paraffin emulsions	...	...	...	...	35	3
Injectons (various)	...	...	...	...	76	10

INCORRECT SAMPLES

Of the eight incorrect phenylbutazone tablets, five were below the B.P. limits (95–105 per cent.) for drug content, containing only 85 per cent. of the declared amount. This was traced by the manufacturer concerned to imported raw material of substandard quality. The other three incorrect

samples of another manufacturer, failed the B.P. disintegration test. After two hours under official B.P. test conditions, over 60 per cent. of the original tablet weight remained, whereas the B.P. requires complete disintegration within one hour. Faulty stock was recalled from the pharmacies concerned and a new formulation adopted.

The fault of the three incorrect liquid paraffin emulsions, which were proprietary products, was one of labelling. These were prepared for dispensing purposes and labelled in such a way as to cause confusion with corresponding B.P.C. products. The manufacturers concerned agreed to revise the labelling. Included in the emulsion group of samples were several proprietary products of Liquid Paraffin and Phenolphthalein, together with standard B.P.C. preparations. In the latter group, on standing for several days, the phenolphthalein settled to the base of the bottle and vigorous shaking was necessary to distribute it within the sample: this did not occur with any of the proprietary samples.

Although the injection survey has not been completed, the above figures show the number of samples taken during 1968. In general the main faults found in this group were due to storage, under unsuitable conditions or for too long periods of time. Ergometrine maleate injections are sometimes directed on the outer container to be stored in a refrigerator if possible. Two samples not so stored were discoloured and 25 per cent. deficient in drug content. The remaining eight incorrect samples, each of five or six ampoules, included injections of Vitamin B₁₂ and calcium gluconate. These were admittedly old stock but contained foreign matter such as particles of rubber and crystals.

HOSPITAL SAMPLES

Fourteen samples were examined for the Local Hospital Pharmacy Committee. A sample of 100 Neomycin Sulphate Tablets consisted of 96 "scuffed" tablets plus broken pieces and powder due to faulty formulation. A sample of 5 mg. bendrofluazide tablets contained equal numbers of flat and convex tablets. Mixing of tablets of different batches or shapes by manufacturers is not good pharmaceutical practice, and where noticeable to a consumer, leads to loss of confidence. This fault has also been noticed with certain samples of various tablets from retail pharmacies.

Miscellaneous Samples not taken under the Food and Drugs Act.
These totalled 3,294 and were made up as follows:-

PUBLIC HEALTH DEPARTMENT

Pasteurised (1,065) and sterilised (199) milks	...	1,264
Ice cream (305) and ice lollies (23)	... ..	328
Air pollution	... ..	192
Waters	... ..	705
Food Inspections Section	... ..	53
Miscellaneous	... ..	179

2,721

OTHER CORPORATION DEPARTMENTS AND COMMITTEES

Waters	264
Miscellaneous	127
	<hr/>
	391
PRIVATE SAMPLES	182
	<hr/>
	3,294
	<hr/>

MILK, ICE CREAM AND ICE LOLLIES. Four designations of milk are legally permitted in this country, namely, untreated, pasteurised, sterilised and heat-treated. All the milk sold in Birmingham is either pasteurised or sterilised and official tests are laid down to check the efficiency of the heat-treatment. The specified test for pasteurised milks is the Phosphatase Test, and that for sterilised milk, the Turbidity Test. During the year all heat-treated milks examined (a total of 1,264 specimens) passed their appropriate test; a tribute to modern dairy processing. Of the 305 samples of ice-cream examined, all satisfied legal compositional requirements for fat and skim-milk-solids, but three specimens of ordinary pre-packed (i.e. non-dairy) ice cream had an unsatisfactory label. All 23 ice lollies were found to be free from metallic contamination.

WATERS. The Public Health and Water Departments combined in submitting a batch of 969 samples of water and effluents, mostly from various parts of the distribution systems of both the Birmingham Elan Valley Supply and the Whitacre Supply to certain Midland towns. Throughout the year the Elan Valley Supply for Birmingham was supplemented by a small proportion of treated River Severn water, (hardness about 100 mg. CaCO_3 per litre), pumped from Trimpley. This had the effect of increasing the hardness of the Elan Supply from 20 to approximately 29 mg. CaCO_3 per litre, the latter hardness being just about enough to give a slight soap scum when one washes. Fluoridation of the Elan Valley Supply to Birmingham is now firmly established, and the Trimpley Supply is likewise fluoridated to the officially approved level of 1.0 p.p.m. fluoride (calculated as F.).

SAMPLES OTHER THAN WATER. Fifty-three food complaints were received from Public Health Inspectors. Among the more interesting cases was one of infants' dried milk food which was alleged to be sour. The milk powder did indeed have an unpleasant sour odour, but it was a proprietary milk food containing a deliberate addition of lactic acid to produce a slightly sour drink for the infant. Two meat pies served in a restaurant were submitted with a complaint of unusual taste. One pie contained 25 per cent. meat, of which nearly one third was kidney, and the other 27 per cent. meat, of which one eighth was kidney. The pies thus contained the required amount of total meat (minimum 25 per cent.) but, in my opinion, too much kidney was present; probably due to the

difficulties in mixing. Some bread crumbs used for coating fish were found to be highly rancid (acid value of extracted fat was 16.8 and the peroxide value 250). Microscopical examination of some black bits complained of in a custard proved them to consist of powdered nutmeg. Some beef curry served in a restaurant was found to contain beetles and reference to the original pre-packed dehydrated material showed it to be heavily infested with beetles and larvae of *Dermestes vulpinus*. A packet of dessert dates did not have the usual pleasant shiny appearance and on examination were found to be ordinary "slab" dates carefully arranged around a date stem to stimulate the better quality product. Another complaint concerned claret, a wine not to everyone's taste, as was clearly shown by a complainant who described a bottle as "undrinkable". The taste of the sample was however judged to be normal. A crate of one third pint bottles of school milk presented an interesting problem in that a white contaminant had been splashed over many bottles and had actually dissolved part of the aluminium cap of several bottles. The contaminant was, in fact, caustic soda solution, which is used in dairies to clean milk bottles.

MISCELLANEOUS. These included rodent bait used by Public Health Inspectors and tested for Warfarin content. Dust filters from central heating systems in municipal houses were examined to ascertain the cause of rapid blocking of filters: considerable fibrous fluff of domestic origin was detected but in one house the presence of some rodent fibres caused concern which was only relieved when it was found that the family kept hamsters as pets. An enquiry from an outside authority concerned a baby soother manufactured in Birmingham. A child concerned had bitten through the end of the dummy and some soft material had entered the child's mouth. Investigation revealed that the end of the soother was filled with a harmless mixture of water, gelatine and glycerin preserved with 0.5 per cent. dichlorophen, a mould inhibitor. However, it was suggested that the amount of the latter could with advantage be reduced to 0.01 per cent. A request for the analysis of a black coloured eye cosmetic showed it to consist of galena (lead sulphide) formerly widely used in the cosmetic "kohl", but rarely encountered nowadays.

During the year considerable attention was paid to the harmful metal content of the paint on children's toys. The Toys (Safety) Regulations, 1967, specified that the paint must not contain more than 1.1 per cent. lead, but from the 1st November, 1968, the limit was reduced to 0.5 per cent. At the same time a limit of 250 p.p.m. total arsenic was also imposed and a similar limit for "Soluble" antimony, barium, cadmium and chromium. Several toys were tested during the period under review; one had a paint coating containing 12.2 per cent. lead. A visit was paid to the factory concerned and samples of the paint being used and toys from current production were taken for analysis. All the paints and toys were found to be satisfactory.

OTHER CORPORATION DEPARTMENTS. Apart from the 264 samples of water received from the Water Department and already mentioned, a wide range of samples totalling 127 was received from the Central Purchasing and other Departments of the Corporation. These included soaps, synthetic detergents, paints and solder, submitted for contract purposes.

PRIVATE INDIVIDUALS AND INSTITUTIONS. The most interesting of the 54 cases of foreign matter in food brought for examination by the general public concerned an artificial finger nail found in a pork pie, a crane fly found in canned tomato juice and insect fragments left at the bottom of a cup of coffee made at home. Tests on the crane fly showed that it had not been heated and must have fallen into the tin **after** opening (there was an epidemic of crane flies in the City during the summer). The insect fragments consisted of part of the body case of a cockroach. Perhaps the most unusual incident concerned a home-made caramel sponge cake which, after baking and inspection by the housewife, was found to contain blue spots. These were proved to be specks of indigo carmine, a harmless blue synthetic food colour permitted in food and traced to a caramel blancmange powder, an ingredient of the cake. Synthetic brown colours are often made from a mixture of blue, yellow and red colours as a true single brown colour is difficult to produce. All complaints of foreign matter in food were referred to the Chief Public Health Inspector for appropriate action.

Various materials examined for possible health hazards included eye liner (which had gone mouldy with age), wood flour used in a glass toughening process and a leather wrist watch strap suspected of causing dermatitis. Cigarettes alleged to have caused paralysis of the tongue were found to be free from harmful substances: "drying out" may have caused too hot a smoke and burning of the tongue.

Following a freak rainstorm in the City, cars standing in the open were seen to be covered with a light brown deposit. A microscopical and chemical examination of the deposit confirmed the theory that it originated from sand and earth from Spain and the Sahara, which had been drawn up into the atmosphere in dust storms. Following suspected deliberate damage to a large food-mixing machine, a specimen of gear oil was received. This was a yellowish brown viscous liquid which proved to be an emulsion of mineral oil and vinegar.

PROGRESS IN FOOD LEGISLATION. The purity, composition and labelling of food sold in this country is kept under close scrutiny by the Ministry of Health and the Ministry of Agriculture, Fisheries and Food, who have set up two expert committees, the Food Standards Committee (F.S.C.) and the Food Additives and Contaminants Committee (F.A.C.C.), to advise them on particular matters. Steps in the setting up of new legislation usually follow the pattern of Committee Report, Proposals for

utensils, supported by experience in the U.S.A. suggest that it is perfectly safe to change our attitude to the inclusion of certain aluminium salts in our food, and indeed the pharmacologists have given the phosphate a safe "A" classification.

Azodicarbonamide (A.D.A.) is a fairly recently discovered flour improver whose distinctive feature is the high speed of its reaction, which suits certain modern flour processing methods. A.D.A. breaks down to biurea, a completely harmless product, when the flour is wetted with water as in dough making. The usefulness of A.D.A. is seen in the improved physical characteristics of the dough produced. The F.A.C. Committee in its report came to the conclusion that, although permitted in the U.S.A., the immediate need for the use of A.D.A. in this country has not been demonstrated.

Of the new regulations, only that concerning fish and meat paste need be mentioned. The new Order combines the two previous separate orders for these products and stipulates a 70 per cent. minimum standard for fish in fish paste (same as before) and an increase from 55 to 70 per cent. for the meat content of meat paste.

MEDICINES ACT, 1968. This important piece of legislation can fairly be described as revolutionary because for the first time it "removes" drugs (now termed medicines) from the Food and Drugs Act, 1955 and, with a single exception, replaces the present partial and piecemeal legislation with a single comprehensive 165 page Act, which with its 138 sections and eight schedules repeals, re-enacts, or modifies and greatly extends previous legislation with one exception, that of the Dangerous Drugs Act, which will continue in force. The cornerstones of the new legislation are a system of licensing of drug manufacturers and the setting up of a Medicines Commission and various Committees to advise the Ministers concerned. Two kinds of enforcement authority have been appointed under the Act, the Pharmaceutical Society and Local Authorities. In certain instances, the respective duties of the two kinds of authority have been sharply defined, but in the field of sampling and analysis of medicines, only the broad outline has been laid down.

THE TRADE DESCRIPTIONS ACT, 1968. This extremely important piece of consumer protection came into force on November 30th, 1968 and replaced the various Merchandise Marks Acts. It covers virtually everything that is sold by retail and includes *services* to the public. The duty of enforcing the Act is laid upon Weights and Measures authorities and usually, but not exclusively, Weights and Measures Inspectors will be responsible for the actual enforcement. The Act affects every aspect of the food trade and in some ways overlaps the Food and Drugs Act.

(b) PUBLIC HEALTH LABORATORY

Dr. J. G. P. Hutchison, Director of the Public Health Laboratory, has kindly supplied the following information:-

SPECIMENS EXAMINED FOR THE CITY OF BIRMINGHAM

FROM JANUARY 1ST TO DECEMBER 31ST, 1968

<i>Type of specimen</i>	<i>Totals</i>
Throat swabs	138
Swabs, various	216
Sputa for tubercle bacilli	57
Faeces for pathogenic organisms	2,316
Bloods for agglutination	138
Urines for pathogenic organisms	1,958
Milks for hygienic assay	1,128
Milks for brucellosis	197
Milks for tubercle bacilli	2
Fresh creams for hygienic assay	402
Synthetic creams for hygienic assay	204
Ice creams for hygienic assay	845
Waters for hygienic assay	1,885
Waters for pathogenic organisms	8
Food stuffs for pathogenic organisms	122
Shellfish for hygienic assay	108
Milk churns and containers for hygienic assay	65
Specimens for virus culture	3
Miscellaneous specimens	212
	<hr/>
	10,004
	<hr/>

VENEREAL DISEASES EXAMINATIONS FOR BIRMINGHAM

FOR THE YEAR ENDING 31st DECEMBER, 1968

<i>Specimens</i>	<i>Examinations</i>
Bloods 34,510	For Wassermann Test ... 34,063
	„ Gono. Fixation Test ... 1,278
	„ Kahn Test ... 23,227
	„ Laughlen Test ... 115
	„ Reiter P.C.F. Test ... 326
	„ Paul Bunnell Test ... 2
C.S. Fluid 612	For Wassermann Test ... 612
	„ Cell count ... 71
Films 14,065	For Gonorrhoea ... 14,065
Cultures 14,701	„ Gonorrhoea ... 14,701
	„ Sensitivity ... 130
	<hr/>
TOTAL:- 63,888	TOTAL:- 88,590
	<hr/>

Blood specimens for Wassermann reactions examined during the Year ending 31st December, 1968, from Birmingham Antenatal Centres and Maternity Hospitals.

				<i>Number of specimens</i>	<i>"Diagnostic" reactors</i>
From Antenatal Centres:	...	...	...	4,042	6
From Maternity Hospitals:	...	...	...	6,637	14

TUBERCULOSIS

Notifications

There were 632 new notifications of tuberculosis in 1968, a reduction of only 17 compared with the previous year and giving an unchanged rate of 0.59 per 1,000 per year. The decline compared with the previous year is therefore very small though the rate has halved in the last fifteen years.

Almost exactly one half of the new notifications of tuberculosis were of persons born outside the British Isles. The figures for place of birth are given in Table 8; 41 per cent. of those notified were born in England, Scotland or Wales, and a further 9 per cent. in Ireland; 44 per cent. were born in Asia, and 6 per cent. in other parts of the world, including 2.4 per cent. born in the West Indies.

Table 9 gives further information about the place of birth of parents of children notified in Birmingham in 1968. Of the 94 new notifications of children aged 0-14 years born in the British Isles, 60 were of British parentage (including 28 of Irish parentage), 15 of Asian parentage and 19 of West Indian parentage.

The age and sex distribution of the immigrants newly notified as suffering from tuberculosis differs so greatly from the pattern for the new notifications of persons who have always lived in the British Isles that it is no longer meaningful to discuss the age distribution for all males and all females for respiratory and non-respiratory notifications. Tables 4 and 5 have therefore been modified from the pattern adopted in recent years, so that the age distribution for each main type of tuberculosis can be discussed separately for males and females, and for those born in the British Isles and those born elsewhere.

RESPIRATORY TUBERCULOSIS

There were 313 notifications of respiratory tuberculosis in males, 43 less than in 1967, and 370 less than the mean number of notifications 15 years ago. One hundred and sixty eight of the males notified in 1968 were born in the British Isles, 145 elsewhere, mostly in Asia. Fifteen years ago there were very few immigrants in the City and it is reasonable to compare the 168 notifications of British born males in 1968 with the total of 683 notifications fifteen years go. The greatest reduction is at ages 10-34 years; the remarkable fall in these age-groups, especially the reduction from 64 to 1 at age 15-19 years, is largely due to the B.C.G. vaccination scheme for 13 year old schoolchildren, started in 1954 and still continuing. Even amongst older age-groups of men there has been a steady fall in notifications.

Notifications of male immigrants show an entirely different pattern, with two age-peaks at 15-19 years and 25-34 years. The older age-peak

represents notifications of immigrants who have been in this country for some time, and there is some evidence that the number of notifications from this group is declining. The 45 notifications of immigrants aged 10-19 years are due to the continued immigration, as dependants of older men already here, of boys aged up to 16 years, amongst whom some are found to have tuberculosis within a year or two of arrival.

The number of females notified as suffering from respiratory tuberculosis in 1968 was 180, seven more than in 1967, but representing a substantial reduction from the 477 notifications each year fifteen years ago. One hundred and thirteen British born females are included in the 1968 total, and as in the males the greatest reduction has occurred at ages from 10-34 years, in large part due to the B.C.G. scheme. There has been comparatively little fall in the notifications of older females, in whom the number of notifications was, however, already low.

The number of notifications of immigrant females is now rising as increasing numbers of dependent families join the husbands already here. The majority of these notifications are of young adult females, and many have been found as the result of the special measures taken to examine new arrivals: 10 were notified because of abnormal x-rays taken on arrival at London Airport, and a further 7 as a result of x-rays taken soon after arrival in the City for those who were not x-rayed on entry.

NON-RESPIRATORY TUBERCULOSIS

There were 139 notifications of non-respiratory forms of tuberculosis, an increase of 19 compared with 1967, and also slightly above the number of notifications fifteen years ago. These forms of tuberculosis are much more common amongst immigrants, and only 32 of these 139 individuals were born in this country, 107 being born elsewhere. Amongst those born in this country, there were remarkably few cases in the age-groups 10-34 years, again reflecting the value of the B.C.G. vaccination scheme. The age pattern in the immigrants repeats that noted above for respiratory tuberculosis, and supports the view that this age pattern of notifications is determined mainly by the changing pattern of immigration in recent years.

The forms of non-respiratory tuberculosis are listed in Table 6. The greatest number, over half, are of lymphatic gland tuberculosis, but a substantial number are of abdominal tuberculosis. There were very few notifications of the more serious disseminated forms of the disease.

BACTERIAL DRUG RESISTANCE

The information on drug resistant tuberculosis in the City in 1967 is given in the table; the compilation of this information cannot be completed until some months after the end of the year and therefore the 1968 figures cannot be included in this report.

The number of patients found to be excreting drug resistant organisms on diagnosis was unchanged at 18, and also unchanged at 12 was the

number of these patients born outside this country, with 6 born in this country.

The downward trend in the number of cases of acquired resistance was just continued, with 11 patients in this category, of whom only three were immigrants.

The number of patients continuing to excrete drug resistant organisms over a period of a year or more increased slightly, from 25 to 27, and there may be considerable difficulty in reducing this number rapidly. Most of these patients were notified many years ago, and now have very chronic forms of the disease. Comparatively few of the 20-30 new discoveries of drug resistance each year fail to respond to further treatment, and there should therefore be few further additions to this group of long term positives.

	<i>Number of patients first found to be excreting drug-resistant bacilli</i>		<i>Number of patients continuing to excrete drug-resistant bacilli for more than 1 year</i>
	<i>On diagnosis</i>	<i>During or after treatment</i>	
1956	7	90	—
1957	13	101	46
1958	8	39	67
1959	7	19	61
1960	10	18	67
1961	12	29	47
1962	9	15	45
1963	6	16	41
1964	11	19	31
1965	9	16	34
1966	18	12	25
1967	18	11	27

Mortality

There were 41 deaths attributed to tuberculosis in 1968, one more than in the previous year. The mortality rate was 0.04 per 1,000, and unchanged from the two preceding years.

RESPIRATORY TUBERCULOSIS

Thirty-eight deaths were attributed to respiratory tuberculosis, one more than in 1967. The great majority of these deaths occur in older age-groups, 18 being aged 65 years or more, 11 between the ages of 45 and 64 years. There were only two deaths of persons aged less than 25 years. Both were children of Asian parentage, one a premature infant who died of generalised tuberculosis at the age of one month, the source of infection being within the family. The other death attributed to tuberculosis was due to a very rare complication of treatment in a ten year old Asian boy.

NON-RESPIRATORY TUBERCULOSIS

Three deaths were so classified, unchanged from 1967. An Asian immigrant aged 34 years died of generalised miliary tuberculosis. This was the only death in the 25-34 year age-group from any form of tuberculosis: and there were, therefore, no deaths from any form of tuberculosis of persons aged less than 35 years who had been born in this country.

Two English women, both over age 65 years, died of non-pulmonary tuberculosis, one from peritonitis and disseminated tuberculosis, the other following surgical treatment for renal tuberculosis.

DEATHS OF PERSONS NOT NOTIFIED BEFORE DEATH

Of the 41 persons dying from tuberculosis, 29 had been notified as suffering from tuberculosis before death, formal notifications were received after death for 4, and for the remaining 8 the only notification received was from the Registrar.

Prevention and Control

The work undertaken to prevent tuberculosis, or to control its spread in the community, was described in some detail in last year's report: all the procedures described have been continued in 1968, and two further procedures have been brought into operation to assist in controlling tuberculosis in immigrants. During 1968 arrangements were made for dependent immigrants arriving at London Airport to be x-rayed and for the results of these x-rays to be forwarded to local health departments: as noted above, 10 notifications in Birmingham resulted from this procedure.

The School Health Service has introduced a system of examination of immigrant children before they start at school: the results are presented elsewhere, but it may be noted here that the examination includes a tuberculin test, with B.C.G. vaccination for those found tuberculin negative, and a chest x-ray at the Chest Clinic for those found positive: during 1968, 547 immigrant children were x-rayed under this scheme.

Any immigrants not x-rayed on entry to this country are visited as soon as possible after arrival in Birmingham, and they are asked to attend at the Chest Radiology Centre in Corporation Street for an x-ray as soon as possible.

SCHOOLS' B.C.G. SCHEME

The details of the work carried out under this scheme are reported in the section on Immunisation. The very small numbers of notifications in the age-groups 10-34 years for those who have always lived in this country, noted above, indicate the long term value of this procedure. More detailed studies that have been carried out indicate that this scheme is still giving extremely valuable results in Birmingham.

To seek out sources of infection, and protect those found tuberculin positive, 2,181 visits were made to households of children found to be tuberculin positive: 398 members of these households were x-rayed at the Chest Radiology Centre, and 205 at the Chest Clinic.

CONTROL MEASURES BASED ON THE NOTIFIED CASE

The tuberculosis health visitors made 15,804 visits to notified patients and their contacts during the year. The general principles of contact examination and supervision of patients while on chemotherapy have been continued unchanged. The total number of contacts x-rayed showed little change at just under 3,000; 1,710 being x-rayed at the Chest Radiology Centre and 1,073 at the Chest Clinic.

Follow-up and After-Care

Material help to notified patients was arranged in the following ways during the year:—

Grants of free milk	...	...	...	...	...	...	...	565
Issues of beds, bedding or nursing utensils	...	...	...	...	...	...	...	23
Grants for clothing or fuel from Tippet's Bequest Fund	...	...	...	...	...	...	...	26
Disinfections	...	...	...	...	...	...	...	3

For each item, the number is reduced compared with the previous year.

REHOUSING

Help with rehousing of tuberculous families was given mainly by the allocation of additional points on health grounds, and in a relatively small number of cases by rehousing from the special quota on health grounds.

Two hundred and thirty-eight applications for assistance with housing were considered during the year, 146 being allocated additional points and 25 being recommended for rehousing under the quota scheme. During the year 156 families were rehoused, 138 under the points scheme and 18 from the special quota.

REHABILITATION

The amount of assistance required in getting patients back to suitable work is steadily declining with the decrease in the number of notifications and the effectiveness of chemotherapy. No patients were interviewed by the Disablement Resettlement Officer and a Chest Physician jointly, but 89 were aided by written reports on their capacity for work. Four patients attended courses at the industrial Rehabilitation Unit.

There were no new admissions to the Remploy factory, and the number of patients in the factory who have been treated for tuberculosis was reduced during the year by 4, to 32.

TABLE 1

TUBERCULOSIS—ALL FORMS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1968

	<i>Primary Notifications</i>	<i>Rate per 1,000 population</i>	<i>Deaths</i>	<i>Rate per 1,000. population</i>
1901—1910 (average)	—	—	1,309	1·65
1911—1920 („)	—	—	1,284	1·46
1921—1930 („)	1,824	1·91	1,031	1·08
1931—1940 („)	1,284	1·24	883	0·85
1941—1945 („)	1,258	1·29	793	0·82
1946—1950 („)	1,308	1·21	660	0·61
1951—1955 („)	1,321	1·18	292	0·26
1956	1,136	1·02	161	0·15
1957	973	0·88	145	0·13
1958	1,039	0·95	143	0·13
1959	793	0·73	104	0·10
1960	870	0·80	88	0·08
1961	809	0·73	82	0·07
1962	757	0·68	80	0·07
1963	725	0·65	84	0·08
1964	742	0·67	65	0·06
1965	673	0·61	50	0·05
1966	692	0·63	49	0·04
1967	649	0·59	40	0·04
1968	632	0·59	41	0·04

TABLE 2

RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1968

	<i>Primary Notifications</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Rate per 1,000 Population</i>
1901—1910 (average)	—	—	993	1·25
1911—1920 („)	—	—	1,059	1·20
1921—1930 („)	1,533	1·61	892	0·94
1931—1940 („)	1,082	1·05	793	0·76
1941—1945 („)	1,096	1·13	712	0·73
1946—1950 („)	1,151	1·07	608	0·56
1951—1955 („)	1,183	1·06	272	0·24
1956	1,029	0·93	150	0·14
1957	844	0·77	134	0·12
1958	926	0·85	137	0·13
1959	704	0·64	96	0·09
1960	778	0·71	79	0·07
1961	705	0·64	76	0·07
1962	671	0·60	74	0·07
1963	625	0·56	75	0·07
1964	633	0·57	61	0·06
1965	563	0·51	46	0·04
1966	586	0·53	45	0·04
1967	529	0·48	37	0·03
1968	493	0·46	38	0·04

TABLE 3

NON-RESPIRATORY TUBERCULOSIS

PRIMARY NOTIFICATIONS AND DEATHS FOR THE YEARS 1901—1968

	<i>Primary Notifications</i>	<i>Rate per 1,000 Population</i>	<i>Deaths</i>	<i>Rate per 1,000 Population</i>
1901—1910 (average)	—	—	317	0.40
1911—1920 („)	—	—	224	0.26
1921—1930 („)	290	0.31	139	0.14
1931—1940 („)	202	0.19	90	0.09
1941—1945 („)	162	0.16	81	0.09
1946—1950 („)	157	0.15	52	0.05
1951—1955 („)	139	0.12	20	0.02
1956	107	0.10	11	0.01
1957	129	0.12	11	0.01
1958	113	0.10	6	0.01
1959	89	0.08	8	0.01
1960	92	0.08	9	0.01
1961	104	0.09	6	0.01
1962	86	0.08	6	0.01
1963	100	0.09	9	0.00
1964	109	0.10	4	0.00
1965	110	0.10	4	0.00
1966	106	0.10	4	0.00
1967	120	0.11	3	0.00
1968	139	0.13	3	0.00

TABLE 4

NOTIFICATIONS OF RESPIRATORY TUBERCULOSIS BY SEX,
AGE GROUP AND PLACE OF BIRTH

		MALES					
<i>Age Group Years</i>		<i>All birth places</i>				<i>Born in British Isles</i>	<i>Born Elsewhere</i>
		<i>1953/55 (Mean)</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>	<i>1968</i>	<i>1968</i>
0—4	...	39	24	26	27	22	5
5—9	...	34	11	21	18	10	8
10—14	...	29	18	12	26	6	20
15—19	...	64	27	26	26	1	25
20—24	...	64	34	23	13	5	8
25—34	...	114	81	55	46	14	32
35—44	...	101	48	60	45	24	21
45—54	...	112	76	55	51	31	20
55—64	...	92	50	48	41	36	5
65+	...	34	44	30	20	19	1
All ages	...	683	413	356	313	168	145

FEMALES

Age Group Years		All birth places				Born in	Born
		1953/55 (Mean)	1966	1967	1968	British Isles 1968	Elsewhere 1968
0—4	...	32	25	31	34	33	1
5—9	...	36	18	10	17	13	4
10—14	...	29	8	19	5	4	1
15—19	...	75	7	13	12	6	6
20—24	...	73	27	18	19	7	12
25—34	...	112	21	26	30	9	21
35—44	...	53	29	23	28	14	14
45—54	...	30	17	11	13	8	5
55—64	...	23	7	9	13	11	2
65+	...	14	14	13	9	8	1
All ages	...	477	173	173	180	113	67

TABLE 5

NOTIFICATIONS OF NON-RESPIRATORY TUBERCULOSIS BY SEX,
AGE GROUP AND PLACE OF BIRTH

MALES

Age Group Years		All birth places				Born in	Born
		1953/55 (Mean)	1966	1967	1968	British Isles 1968	Elsewhere 1968
0—4	...	5	5	3	1	1	0
5—9	...	12	0	1	3	2	1
10—14	...	5	1	3	5	0	5
15—19	...	6	4	5	10	0	10
20—24	...	9	7	10	8	0	8
25—34	...	14	22	15	29	5	24
35—44	...	3	11	14	20	3	17
45—54	...	5	5	7	4	1	3
55—64	...	2	3	1	7	3	4
65+	...	2	2	1	1	0	1
All ages	...	63	60	60	88	15	73

FEMALES

Age Group Years	All birth places				Born in British Isles 1968	Born Elsewhere 1968
	1953/55 (Mean)	1966	1967	1968		
0-4 ...	8	3	4	2	2	0
5-9 ...	7	2	2	1	1	0
10-14 ...	7	1	1	2	0	2
15-19 ...	10	5	6	2	0	2
20-24 ...	11	6	4	8	1	7
25-34 ...	15	10	16	15	2	13
35-44 ...	6	10	11	9	1	8
45-54 ...	4	3	6	3	2	1
55-64 ...	2	1	3	4	3	1
65+ ...	2	5	7	5	5	0
All ages ...	72	46	60	51	17	34

TABLE 6

NOTIFICATION OF NON-RESPIRATORY TUBERCULOSIS BY SITE OF DISEASE (ALL AGES, BOTH SEXES)

Disseminated ...	...	...	...	...	...	...	...	...	1
Meningitis ...	...	...	...	...	...	...	...	...	2
Bones, joints and spine ...	...	...	...	...	...	...	...	...	13
Abdomen ...	...	...	...	...	...	...	...	...	36
Glands ...	...	...	...	...	...	...	...	...	77
Other sites ...	...	...	...	...	...	...	...	...	10
TOTAL ...	...	...	...	...	...	...	...	...	139

TABLE 7

DEATHS FROM RESPIRATORY TUBERCULOSIS BY SEX AND AGE GROUP

Age Group Years						Males	Females
0-4 ...	...	...	...	...	...	0	1
5-14 ...	...	...	...	...	...	1	0
15-24 ...	...	...	...	...	...	0	0
25-44 ...	...	...	...	...	...	3	4
45-64 ...	...	...	...	...	...	10	1
65+ ...	...	...	...	...	...	12	6
ALL AGES ...	...	...	...	...	...	26	12

TABLE 8

PLACE OF BIRTH OF INDIVIDUALS NOTIFIED AS SUFFERING
FROM TUBERCULOSIS IN BIRMINGHAM

		1956/57	1958/59	1960/61	1962	1963	1964	1965	1966	1967	1968
		(Mean)	(Mean)	(Mean)							
<i>British Isles</i>											
England	...	773	626	531	455	411	394	316	332	283	241
Scotland	...	15	8	12	14	12	9	10	9	8	10
Wales...	...	19	16	11	10	22	12	9	11	16	6
Ireland	...	131	122	110	91	81	83	73	67	59	57
<i>Rest of Europe</i> ...		12	10	8	9	6	8	8	5	7	8
<i>Asia</i>											
India	...	27	26	19	26	39	56	73	91	112	122
Pakistan	...	26	60	90	109	111	132	137	141	127	153
Others	...	9	13	6	6	14	13	12	6	4	4
		(All Aden)									
<i>Africa</i>	...	4	2	3	3	5	4	4	7	6	13
<i>America</i>											
West Indies	...	11	13	26	20	11	15	26	13	20	15
Others	...	1	2	1	0	1	1	0	2	0	0
<i>Not known</i>	...	26	18	20	14	12	15	5	8	7	3
TOTALS	...	1,054	916	837	757	725	742	673	692	649	632

TABLE 9

NOTIFICATIONS OF TUBERCULOSIS (ALL FORMS)
IN CHILDREN IN BIRMINGHAM 1968

Place of birth of parents			Age group of children notified (years)				No. of children born in U.K.
			0-4	5-9	10-14	0-14	
U.K.	...	...	16	11	5	32	32
Ireland	...	...	18	5	6	29	28
Pakistan	...	...	6	5	18	29	3
India	...	...	11	11	8	30	12
British Caribbean	...	...	12	7	1	20	19
Africa	...	...	1	0	0	1	0
			64	39	38	141	
No. of children born in U.K.			58	26	10	—	94

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22 – National Health Service Act, 1946)

DAY NURSERIES

On the 1st January, 1968, there were 933 children on the day nursery registers (955 places), and on the 31st December, 1968, 1035. The average daily attendance has improved from 703 at the beginning of the year to 758 at the year's end. This is entirely due to the goodwill and work of the day nursery matrons who, despite shortage of staff, have accepted more children onto each nursery register than the registered number of places. This scheme began at the end of October yet it has reversed very much the trend towards a fall in attendances, more noticeable in the last seven years when priority cases, with few exceptions, have been admitted. The increase in the number accepted over the registered number of places equals the capacity of two additional day nurseries.

It is noted that the number of children admitted because of housing difficulties decreased and those admitted for financial reasons are increasing – perhaps a reflection of the City housing programme with its destruction of slum properties and the letting of new houses at increased rentals. Some children are admitted on a temporary basis on the recommendation of the child care officers when the family financial problems are acute and with a threat of family unity breaking down. Other children in this category are admitted on a more permanent basis when there is a persistent inadequacy of the parents amounting to social irresponsibility – again the recommendations are made by the child care officers or other social workers on the grounds that it prevents the children being taken into care. The majority of the non-priority cases, 84 in all, are teachers' children and some nurses'.

Handicapped Children at Day Nurseries

The parents of a handicapped child all too frequently feel inadequately informed of the nature of the child's complaint or of facilities available for complete assessment. Their sense of loneliness and physical exhaustion are unresolved by a babysitter or a home help. They are often unwilling to take their child into public places or on public transport for a variety of reasons. The handicapped child is then deprived of normal social experience thus adding to his handicap. Sometimes the psychological and physical needs of the developing normal siblings are overlooked. Decisions in favour of the handicapped child sometimes take no account of normal siblings and this is a mistake. To some extent the needs of the handicapped child, the family and especially the siblings can be met by the admission of the defective child to a day nursery. On the 31st December, 1968, there were 43 grossly handicapped children in the day nurseries, the average number on the registers however was 51. There is such an improvement in these children that one is impelled to quote year by year a pertinent history.

A mongol Caribbean child, aged 3 years, was admitted at the request of a health visitor who found on visiting the home that the child was left alone in a cot all day, except for a short period in the middle of the day when the mother returned from work to feed the child. Jacqueline was unable to speak but made some unintelligible sounds. She could hear, could not move to any extent and was aggressive and tempestuous with adults. She made no attempt to feed herself. In a few months the little girl developed into a sweet tempered child with a few bursts of aggressiveness. Now she rarely becomes frustrated, but plays with other children, uses some of the play material intelligently and is able to stand at an easel and paint. She began to walk around chairs and now takes a few steps with confidence. She can say a few words and strings some together. She tries to sing, listens avidly to music especially "beat", and is able to use a fork and spoon, an achievement of which she is inordinately proud.

Birchfield Road Day Nursery

This nursery was demolished in November under a road improvement scheme and a temporary replacement in the form of a wooden hut was erected. This particular type of accommodation is proving to be most popular with staff as it is comfortable, and convenient to run.

Study Days

The monthly study afternoons are enjoyed by all grades of nursery staff and embrace a wide variety of subjects from "The Battered Baby Syndrome" to "Mixed Age Grouping in Day Nurseries".

CITY DAY NURSERIES

(1) NUMBER OF CHILDREN ON DAY NURSERY REGISTERS

	0—1	1—2	2—5		<i>Average daily attendances</i>	
	<i>year</i>	<i>years</i>	<i>years</i>	<i>Total</i>	<i>1967</i>	<i>1968</i>
1st January, 1968	128	264	541	933	703	758
31st December, 1968	137	256	642	1035		

(2) ANALYSIS OF CHILDREN ON REGISTERS at 31.12.68

GROUP 1. Children whose mothers are the main or sole support of the home and children whose mothers are ill, etc.

Unmarried mothers	...	...	...	...	...	446
Widows	...	...	...	...	...	37
Women separated from husbands	...	...	...	...	...	244
Husbands in prison	...	...	...	...	...	4
Husbands sick or disabled	...	...	...	...	...	15
Mothers' long term illness	...	...	...	...	...	21
Mothers' short term illness	...	...	...	...	...	8
Mothers' confinement	...	...	...	...	...	5
Mothers' death	...	...	...	...	...	11
Mothers' desertion	...	...	...	...	...	27

818 818

GROUP 2. Children requiring admission for reasons of health or normal development, etc.

National Service, Deaf or blind parents	3	
Financial difficulties	58	
Housing	11	
Problem families	8	
Handicapped children or children failing to progress normally	43	
	<hr/> 123	123

GROUP 3. Non-priority cases	84	
Out-of-City cases	10	94
	<hr/> 94	<hr/> 1035

NUMBER OF CHILDREN ON WAITING LISTS

	<i>0—1 year</i>	<i>1—2 years</i>	<i>2—5 years</i>	<i>Total</i>
1st January, 1968				
Priority	89	92	109	290
Non-priority	105	201	321	627
				<hr/> 917
31st December, 1968				
Priority	68	81	100	249
Non-priority	60	184	255	499
				<hr/> 748

**Nurseries and Child Minders Regulation Act, 1948
Public Health Act, 1968**

It is obvious from the statistics given below that there was a major increase in activity in registration of daily minders and particularly playgroups. The Public Health Act, 1968 is welcomed despite the strain it caused on an overworked sub-section. It is not as yet perfect but it is difficult to see how it could be improved without grossly infringing the personal liberty of some individuals.

The general policy of the Health Committee has been pursued – to register daily minders where the standards of their child care are better than those obtaining in the neighbourhood. Such a policy can be effective

only where there are sufficient health visitors to raise standards by visiting frequently – standards indeed which in the better parts of the City would be considered poor. On an aspect of child care which is so important it is disturbing to report that the number of supervisory visits has fallen from 1,515 in 1967 to 1,290 in 1968 due to the shortage of health visitors. Particularly, the Caribbean immigrant, with her different culture and background, has not the same knowledge of day care of a number of children that the host population on the whole has. As long as children are fed and quiet in their behaviour West Indians are satisfied. A child under the age of five years needs to socialise, to be spoken to, to speak with other children, to have play material, to be in constant activity in active hours, to see a variety of things, people and places so that he may develop. The lack of such influences positively retards a child, placing him at a disadvantage during his school years and later in his life. Health visitors are particularly aware of these needs. As the supervisory visits fall in number, fewer of the child minders are advised and educated to make these so necessary provisions.

However, the re-organisation of the sub-section last year is invaluable as it has helped to pin-point areas of the City which had poor standards of daily minding.

Playgroup Activities

In the last decade there has been a growing awareness of the importance of play for children. This concern has arisen in part from the surveys upon the serious effects of deprivation of play experience amongst the increasing number of families with children living in high blocks of flats, in part from the recognition of degrees of pseudo-autism in children in deprived circumstances or who are placed with minders who will not permit them to play or make a noise, and in part to the recognition that the child of working class parents is less likely to succeed at school because of lack of play and language experience with his mother as compared with the upper class mother who usually links play with education. There are fewer opportunities for creative play for children in the new housing estates in some areas. In view of these findings it is pleasing to report the upsurge of activity in promoting playgroups by health visitors and voluntary bodies such as the Pre-School Play Group Association. These bodies have channelled the natural and understandable anxiety of parents who so often find themselves frustrated and unhappy at the lack of places where their children can meet and play together in safety. Money and effort are available for various activities involving young people aged 15 to 20 years in the Youth Service. It would seem similarly logical that money and effort should be spent on the 0 – 5 years age group – those formative years of developing intelligence, socialisation and ingenuity – so that this generation of under fives need not grow into bored adolescents.

REGISTERED MINDERS AND PRIVATE NURSERIES

		<i>Persons</i>		<i>Premises</i>	
		<i>Number Registered</i>	<i>Places</i>	<i>Number Registered</i>	<i>Places</i>
As at 1.1.68 ...	...	375	1,885	96	2,209
New applications ...	...	107	528	42	1,179
Applications for registration of additional places ...	...	—	—	2	10
Resignations ...	...	27	133	—	—
Registrations cancelled		—	—	—	—
As at 31.12.68 ...	...	455	2,280	138	3,398

Included in the number of premises registered are 121 playgroups with approximately 3,050 places.

CARE OF THE UNMARRIED MOTHER

The total number of illegitimate babies born in the City to residents was 2,162, a decrease of 83 on 1967. The proportion of illegitimate births per 1,000 was 106·73, the same as last year.

<i>Year</i>	(1) <i>Proportion of live illegitimate births per 1,000 live births</i>	(2) <i>Death rate of illegitimate infants</i>	(3) <i>Mothers interviewed at Public Health Department</i>	
			<i>Mothers with one illegitimate baby</i>	<i>Mothers with more than one illegitimate baby</i>
1961	89·23	28·02	762	598
1962	102·30	31·65	856	731
1963	104·08	35·71	764	597
1964	105·33	29·26	666	623
1965	103·59	30·04	606	655
1966	106·11	27·38	842	308
1967	106·73	25·39	999	225
1968	106·73	23·12	519	322

There has been a decline in the illegitimate death rate since 1965.

During 1968 there were 1,103 applicants for advice and help (1967 – 1,318, 1966 – 1,227). Of these 519 were having their first baby, 322 were multiparae and 87 were married. There were 31 girls under the age of consent and 82 were aged 16 years.

Another feature during the year was, with the passing of the Abortion Act, the number of calls and enquiries through the Public Health Department for an introduction to a suitable nursing home or to a doctor who would carry out this procedure. In a six week period there was an average of seven calls per week from an extensive area of the Midlands through the senior medical officer's personal office. All cases were referred to the Birmingham Pregnancy Advisory Service.

There were some major difficulties in booking beds when Heathfield Road and Lordswood Hospitals closed which to some extent was eased by the intense co-operation of the hospital medico-social workers and the officers of the Regional Hospital Board.

It is pleasing to report that the applications for bed bookings at mother and baby homes has again decreased and only two girls had to be placed outside the city for bookings. The general trend has been that parents are accepting the problems of their pregnant daughters much more sympathetically.

There are still those who say they cannot have their daughters during pregnancy and give justifiable reasons for this type of desertion – the baby would be an embarrassment to them or in their relations with their neighbours, the home is too small or there would be difficulties in explaining the new arrival to the very young children in their household. The reasons are sincere and believed firmly, yet it does mean that their daughter has to seek refuge or indeed kindness from complete strangers.

There has been some mounting criticism by the uninformed of a system of child care at mother and baby homes which permits an unmarried mother to keep her child for some weeks and permitting the baby to build up a sense of dependence even for a few weeks when the mother and child may later be separated. An unmarried mother must be allowed to make up her own mind with the unobtrusive help of a skilled worker who can give her an appreciation of her future problems. Society, which by its very attitudes perpetuates the stigma of illegitimacy and makes the illegitimate child different, should not attempt to coerce her one way or the other. A child's future is at stake. The mother may be single but she has the fundamental right to regard her child as does any mother. The provision of unmarried mothers' homes by society is a praiseworthy one.

As one problem decreases others intensify. Mothers of half-caste illegitimate children cause incredible worries to the social workers. Their liaison with an immigrant father is often very temporary indeed, there is difficulty in adoptions and few of the mothers will accept day nursery care as a solution. Where the newly broken liaison had been more prolonged and two or three children result, the difficulties increase proportionately and often these children become the care of the Children's Department.

The problem of suitable accommodation for mothers keeping their babies is pressing. The help and collaboration of voluntary bodies in this matter is very encouraging. The Birmingham Housing Trust provides some one bedroomed flats of reasonable rental in houses that have been converted to very high standards. The hostel run by the Birmingham Friendship Housing Association is being converted to small flatlets with a day nursery to permit the mothers to go to work. A somewhat similar scheme by Birmingham Diocesan Council for Family and Social Welfare has been successfully in existence for two years. In this instance the mothers stay a period of two years to get adjusted to going back to the community. The National Children's Homes hope to build at Selly Wick a number of flatlets with a day nursery attached.

Since 1960 the following numbers of girls aged 16 and under came to the Department for help:-

1960	...	...	...	...	39	1965	...	...	...	...	106
1961	...	...	...	...	110	1966	...	...	...	...	128
1962	...	...	...	...	120	1967	...	...	...	...	148
1963	...	...	...	...	123	1968	...	...	...	...	113
1964	...	...	...	...	138						

Denominational Homes

Our grateful thanks are expressed to the committees, matrons and staffs of these homes, without whose valuable help our work would be much curtailed and also the Birmingham Diocesan Council for Family and Social Welfare and adoption societies for their co-operation. In all, 94 girls were referred to voluntary bodies and adoption agencies for their help.

Beechcroft Mother and Baby Home

This home, the responsibility of the Health Committee, accommodates 18 mothers and 14 babies. During the year 87 mothers were admitted and 94 discharged. The general health of the mothers and babies was good. Two girls absconded from the home, leaving their babies, who were subsequently taken into care by the Children's Department. One mother and her baby were taken into residential care, 33 babies were discharged home with their mothers, two went to foster homes, 27 were placed for adoption and one was stillborn. A pilot scheme for adoptions, now in operation between the Children's Department and the social workers, is working well and adoptions are being completed in good time in most cases.

Two series of evening films and talks dealing with health, beauty, and baby care, were given at weekly intervals to the residents, by the social workers and by staff of the College of Food and Domestic Arts. These were well appreciated by the girls who attended and a wider syllabus on the same lines is envisaged for next year.

Statistics

(1) *Arrangements for new cases in 1968*

	<i>First cases</i>	<i>Multiple cases</i>	<i>Married women</i>
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Accommodated in Mother and Baby Homes

Beechcroft	44	7	—
Francis Way	31	1	—
Woodville	17	2	—
Lyncroft House	15	—	—
The Grange	27	—	—
Sunnyside	1	—	—

Accommodated elsewhere

Homes out of City	1	—	—
Own home completely	6	9	1
Own home except for confinement	357	190	49
Left City before confinement	20	2	3
TOTAL	519	211	53

(2) *Situation at the end of the year*

Antenatal cases (including married women):

	<i>No. of cases</i>
In homes awaiting delivery	20
In own homes awaiting delivery	293
Left City	6
Not pregnant	1

Postnatal cases:

Miscarriages (including legal abortions)	6
Babies stillborn	3
Babies died	5
Babies adopted	83
Babies with foster mothers	33
Babies in residential nurseries	—
Mothers at home with their babies	442
Mothers married	102
Mothers living with putative fathers	54
Mothers and babies left City	8
Left City before confinement	26
No trace	21
TOTAL	1,103

(3) *Work of Administrative and Social Worker Staff*

Home visits paid re unmarried mothers	301
Mothers visited in hospital	11
Office interviews — applications	1,103
Office interviews — other than applications	268
TOTAL	1,683

(4) *Age grouping of all applicants*

12 years old —	18 years old 133
13 years old —	19 years old 122
14 years old 5	20 – 25 years old 452
15 years old 26	26 – 30 years old 102
16 years old 82	31 – 35 years old 39
17 years old 127	36 years old and over 15
	<hr/>
	TOTAL ... 1,103
	<hr/>

(5a) *Multiparae (excluding married women)*

Para 1	187
Para 2	64
Para 3	38
Para 4	21
Para 5	6
Para 6 and over	6
	<hr/>
	Total 322
	<hr/>

(b) *Previous children born to these multiparae*

Died (including stillbirths and miscarriages)	3
In residential nursery	2
In care of relatives	26
Fostered	5
With mother	151
Adopted by relatives	3
Adopted	21

(6a) *Married women assisted—marital details*

Separated	49
Separated – living with putative father	15
Divorced	11
Divorced – living with putative father	3
Widowed	4
Married to putative father	3
Living with husband	2
	<hr/>
	Total 87
	<hr/>

(b) *Of these cases :*

Still antenatal at year end	34
Miscarriage	1
Mothers at home with baby	44
Babies adopted	5
Baby fostered	1
Mothers and babies left City	2
	<hr/>
	Total 87
	<hr/>

7 (*Nationality all applicants*)

(a) *Mothers*

British	...	...	...	...	...	...	...	...	741
Irish	...	...	...	...	...	...	...	...	168
West Indian	...	...	...	...	...	...	...	...	189
Asiatic Indian	...	...	...	...	...	...	...	...	2
European and others	...	...	...	...	...	...	...	...	3
									<hr/>
TOTAL									... 1,103
									<hr/>

(b) *Putative fathers*

British	...	...	...	...	...	...	...	...	574
Irish	...	...	...	...	...	...	...	...	185
West Indian	...	...	...	...	...	...	...	...	259
Asiatic Indian, Pakistani	...	...	...	...	...	...	...	...	42
European and others	...	...	...	...	...	...	...	...	43
									<hr/>
TOTAL									... 1,103
									<hr/>

PERSONAL AND CHILD HEALTH CENTRES

Assistant Medical Officers

With the financial rewards being greater in the other two branches of the National Health Service it is becoming increasingly difficult to recruit suitable medical officers to work for the local authorities, particularly in the urban and densely populated areas of the country. To man the clinics and provide an adequate service for the public in Birmingham stretched the available resources to the limit, particularly when illness and holidays supervened.

With the increasing awareness of the importance of early diagnosis of defects and a thorough knowledge of child development the pattern of the work of the medical officer in the local authority clinic is changing. Another four medical officers have attended the Ruth Griffiths Course for child development in 1968 and it is hoped eventually to train the remainder. Better antenatal and obstetric care coupled with new drugs and techniques have lowered perinatal mortality rates. It is thus inevitable that some of the weaker and handicapped now survive who previously would have succumbed. There are those who unfortunately may require specialised and nursing care all their lives. There are also those who, by early recognition of their defects and assessment of their potential, can become useful if not totally independent members of society. Curative measures for childhood ills can be obtained from the general practitioner and hospital services. It is in the child health clinics that the progress of the child, mentally, physically and socially, is watched by the health visitors and medical staff. Whenever some deviation in the child's development is noted he can be referred for specialised treatment and if necessary specialised education. It is essential to lose no time in the formative and impressionable years.

Personal and Child Health Centres

On 31st December, 1968, there were 52 centres and 7 subsidiary clinics. The centre at Highfield Lane, Quinton, closed because of its falling caseload and the area was absorbed by the adjoining centre at Quinton Lane, less than one mile away. The proliferation of health centres has led to a close review of the use of the smaller clinics in converted houses on municipal estates. In certain areas the work has expanded and larger premises have become necessary but in other areas it may be desirable to close smaller centres in favour of grouping services at larger premises.

Forty-five general practitioners are now accommodated in eleven health centres.

The health centre at Nechells Green opened in 1960. Eight general practitioners in six surgeries are assisted by health visitors, district nurses, domiciliary midwives, the district home help organiser and the geriatric health visiting team for the north east sector. Mental welfare officers and child care officers attend on a sessional basis.

Northfield health centre was adapted one year ago from a large purpose built clinic. It now provides accommodation for eleven general practitioners in three practices occupying five surgeries and a full appointment system is used for the 15,000 patients attending. Health visitors, district nurses and midwives who work from this health centre have all expressed their satisfaction at the close working relationship which has developed within the group. In addition to the child care officers and mental welfare officers who attend on a sessional basis, two probation officers commenced a weekly afternoon appointment session in July. Many problems have been brought to them by their clients and many were referred from the general practitioners and health visitors.

Castle Vale health centre houses four general practitioners who undertake all services from this clinic assisted by two health visitors, two district nurses and a clinic nurse who is mainly responsible for supervision of the geriatric patients.

The number of general practitioners at Ladywood Middleway centre was increased to six. A similar staffing pattern exists here as it has been found that the resulting service to the health of the community is a more effective one. The remaining sixteen general practitioners share premises at Leyhill, Stirchley, Hillmeads Road, Tower Hill, Carnegie, Lansdowne Street and Weoley Castle centres.

In addition to the subsidiary clinics held weekly at Elmwood Congregational Church Hall, Handsworth Wood, St. Augustines' Church Hall, Edgbaston, and Shenley Green Youth Club and fortnightly at Culmington Hall tenants' room, Longbridge, and Deelands Road Tenants' Hall, Rubery, two subsidiary clinics were opened in February at the Hall Green Baptist Church Hall and in October at Acocks Green Baptist Church Hall.

At all the personal and child health centres the number of sessions at which a medical officer attended was 4,852 as compared with 5,274 in 1967. There were 1,702 health visitors' advisory clinics as compared with 1,451 in 1967. During the year a total of 400 children living outside the City attended Birmingham centres. Fifty six individual mothers living outside the City attended the general practitioners' antenatal clinics in welfare centres and 381 children living outside the City also attended.

Voluntary organisations and other Corporation departments continued to use the centres on a sessional basis. The Family Planning Association held 1,226 sessions at 16 clinics. The Women's Royal Voluntary Service ran a weekly Darby and Joan Club at Farm Road centre and weekly family clubs at Carnegie, Kings Heath, Maypole and Yardley Wood centres. The Birmingham Council for Old People organised day centres for old people at Acocks Green, Kingstanding and Stirchley clinics and 171 sessions in all were held.

Speech therapists held 91 sessions at Kingstanding clinic and child care officers attended weekly at Nechells Green health centre and Carnegie. The Probation Service held weekly evening report centres at Acocks Green

and Wentworth Road centres. Commencing in July two probation officers attended Northfield health centre one afternoon weekly to deal with complex family problems in the south western sector of the City. This has been a particularly successful venture.

The Birmingham Society for Mentally Handicapped Children held weekly sessions for groups of mentally handicapped children at Yardley Wood and Erdington centres. The number of groups organised by the health visitors themselves increased from 9 to 15 and weekly groups were held at Acocks Green, Dawberry Fields, Edgewood Road, Farm Road, Horrell Road, Kings Heath, Balsall Heath, Oscott School Lane, Stirchley, Washwood Heath, Wentworth Road, St. Augustines' Church Hall, Weoley Castle and Erdington clinics and twice weekly at Lancaster Street clinic. A physiotherapist attends each group and they are visited in turn by an assistant medical officer of health. One physiotherapist has treated handicapped children in day nurseries and valuable assistance has been given to the groups by voluntary workers.

The number of play groups held in personal and child health centres increased to twenty three. The health visitors' advice has been sought by many mothers and help has been given to those wishing to form playgroups. In the clinics, only children, shy and anti-social children have been helped to overcome their difficulties and these groups have absorbed some handicapped children. Although priority is given to the afore-mentioned groups of children the majority of play group attenders are normal children living in a constrictive environment. Health visitors and nurses in training learn from observing this normal child development and group therapy. Some of the play groups have had help from selected groups of senior school girls who have likewise benefitted by this experience.

Physical activity classes for the elderly continued weekly at eight centres. It is now five years since these classes were inaugurated and they continue in their popularity. The old people derive benefit from the simple exercises and the companionship afforded.

Work at Local Authority Clinics

(1) ANTENATAL CLINICS:

These were held in conjunction with children's appointment clinics. The number of mothers who attended clinics staffed by our medical officers was 232 compared with 313 in 1967. At these clinics the number of blood samples taken from general practitioners' antenatal patients was 4,642 compared with 4,748 in 1967. Health visitors attended in-service training sessions at the General Hospital so that they have become proficient in the withdrawal of blood samples.

(2) RELAXATION CLASSES:

Classes were held at 45 centres. Six of the classes were taken by physiotherapists, 19 by midwives and the remainder by health visitors. 1,577 mothers made 6,961 attendances at these classes.

(3) POSTNATAL EXAMINATIONS:

Primary postnatal examinations totalled 39 and 9 re-examinations were made.

(4) REMEDIAL EXERCISE CLINICS:

84 individual children made 616 attendances at these clinics held by physiotherapists at six clinics.

(5) SPECIAL CONSULTATION CLINICS AT CARNEGIE CENTRE:

Dr. B. S. B. Wood, Consultant Paediatrician, examined 35 children during 9 sessions. Clinic medical officers referred a wide variety of cases. Eleven of the new cases were referred to hospital for full investigation.

The adoption clinic continued with two weekly sessions at which 237 children were examined. Of these children, 98 were for preliminary examination and 139 for final examination. 149 children were referred to Dudley Road Hospital for chest x-rays where the local health visitor reported on the mantoux reaction following the test injection given at the adoption clinic.

(6) ORTHOPTIC SCREENING:

Three part-time orthoptists gave a total of 187 sessions to vision screening children attending clinics and day nurseries.

(7) SEWING CLASSES:

Sewing classes were held weekly at 23 clinics and 8,050 attendances were made by mothers.

(8) HEALTH TALKS:

During clinic sessions 6,706 mothers were present at health talks in addition to the 6,704 attendances made at mothercraft sessions held in conjunction with relaxation classes.

It is interesting to note that health visitors recorded 21,770 individual client interviews during 1968 which demonstrates the fact that families on the area know their clinics and seek the health visitor's advice on individual problems at times other than clinic sessions.

Parents' evening meetings at health centres attracted 995 attendances. Topics included "The birth of a baby", "Child growth and development", "Family planning", "Cancer health education" and other health topics.

(9) CHIROPODY TREATMENT:

Expectant mothers made 138 attendances and children under five years made 138 attendances during 49 treatment sessions provided by one part-time chiropodist.

(10) SCREENING TESTS FOR DEAFNESS:

Health visitors carried out a total of 9,142 hearing tests on young children during 1968 as compared with 9,452 during 1967. 400 effective home visits were paid to children on the observation register who defaulted in keeping clinic appointments for this purpose.

Family Planning Activities

The Family Planning Association receives an annual grant from the Health Committee to carry out its valuable work. Facilities for sessions are provided at personal and child health centres and health centres.

Assistant medical officers are provided with free training and are encouraged to carry out sessions for the Association outside working hours. At the end of 1968 fifteen Health Authority centres had family planning sessions at least once weekly, some two to three times weekly.

Total no. of sessions at Health Authority premises:-

Cap and other	...	...	...	966	
I.U.D. or cap	...	...	...	260	
				—	1,226

Total no. of attendances at Health Authority premises 49,418

Total no. of attendances at Frederick Road

(Headquarters F.P.A.)	...	...	...	20,438	
				—	69,856

Total no. of new patients:-

Married	...	...	...	4,380	
Single (pre-marital)	...	...	...	1,561	
				—	5,941

Method used – new patients:-

Cap	...	...	...	710	
Oral	...	...	...	4,008	
I.U.D.	...	...	...	694	
Other	...	...	...	529	
				—	5,941

Total no. of doctors' sessions at Health Authority premises (2 to 3 doctors attend some sessions)	1,620
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The Family Planning Association has now extended its activities into All Saints Hospital and holds a clinic session there. Active negotiations are in progress to hold a family planning clinic in association with one of the largest hospital antenatal clinics in the City. During the year new sessions were opened at Kings Heath, Tyburn Road, Treaford Lane, Selly Oak and Small Heath Personal and Child Health centres and at Nechells Green, Carnegie and Northfield Health centres. It is planned to open four new clinics each year at Health Authority premises but this expansion may be very limited by the shortage of doctors. Five of the medical staff of the Public Health Department have commenced instruction in contraceptive techniques.

Domiciliary Family Planning

This service began in September, 1966 and has grown steadily since. During 1968, 263 patients were attended, of whom 240 were visited regularly.

Child Health Clinics

(1) PERCENTAGE OF CHILDREN VISITED IN THEIR OWN HOMES WHO ATTENDED CHILD HEALTH CLINICS

Year	0-12 months	1 year	2 years	3 years	4 years
1966 ...	65.0	56.4	26.2	16.8	12.3
1967 ...	66.1	56.6	27.6	17.1	12.0
1968 ...	66.2	58.0	27.8	18.4	12.8

(2) FREQUENCY OF ATTENDANCE AS A PERCENTAGE OF ATTENDERS IN EACH AGE GROUP

<i>Children who made:</i>	0-12 months			1 year			2-5 years		
	1966	1967	1968	1966	1967	1968	1966	1967	1968
1-5 attendances	68.0	69.0	70.4	73.1	73.4	74.7	96.6	96.1	96.5
6 or more attendances	32.0	31.0	29.6	26.9	26.6	25.3	3.4	3.9	3.5

(3) CHILDREN'S CONSULTATION CLINICS (BIRTH TO 5 YEARS)

Number of Clinics held:

(1) With doctor attending ...	...	...	...	...	...	2,765
(2) Without doctor attending ...	...	...	...	...	...	1,457
New children attending ...	...	...	...	...	...	12,708
Total attendances ...	...	...	...	...	...	90,356
Average attendance per clinic ...	...	...	...	...	...	21.4
Total examined by doctor ...	...	...	...	...	...	31,452
Average seen by doctor per consultation clinic ...	...	...	...	...	...	11.4
Children referred elsewhere ...	...	...	...	...	...	923

(4) ANTENATAL AND CHILDREN'S COMBINED CLINICS—CHILDREN ATTENDING

Number of combined clinics ...	...	...	...	...	...	2,332
New children attending ...	...	...	...	...	...	4,515
Total attendances ...	...	...	...	...	...	34,487
Average attendance per clinic ...	...	...	...	...	...	14.8
Total number seen by doctor ...	...	...	...	...	...	19,366
Average seen by doctor per combined clinic ...	...	...	...	...	...	8.3
Children referred elsewhere ...	...	...	...	...	...	355

In addition, there were 1,069 examinations of expectant mothers and the number of blood specimens obtained from general practitioners' cases was 3,985, (657 specimens from patients attending A.M.O.H., an average of 2 per clinic)

(5) PERSONAL AND CHILD HEALTH CLINICS WITH GENERAL PRACTITIONERS

(a) *At Centres :*

(i) Individual children attending general practitioners' clinics only:

Under 1 year	784	} 2,622
1 year	...	...	791
2—5 years	...	...	1,047

Frequency of attendance:

<i>Individual children who made</i>	<i>0—12 months</i>		<i>1 year</i>		<i>2—5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1—5 attendances	492	62.8	540	68.3	971	92.7
6 or more attendances	292	37.2	251	31.7	76	7.3
TOTALS ...	784	100.0	791	100.0	1,047	100.0

(ii) Individual children attending both general practitioners' clinics and local authority clinics:

under 1 year	400	} 1,347
1 year	...	...	423
2—5 years	...	...	524

Frequency of attendance :

<i>Individual children who made</i>	<i>0—12 months</i>		<i>1 year</i>		<i>2—5 years</i>	
	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>	<i>No. who attended</i>	<i>% of G.P. clinic attenders</i>
1—5 attendances	313	78.3	344	81.3	490	93.5
6 or more attendances ...	87	21.7	79	18.7	34	6.5
Totals	400	100.0	423	100.0	524	100.0

Total attendances under (a) (i) and (ii):

Children 0—5 years	...	...	...	...	...	15,428
Examined by general practitioners	...	...	...	...	...	7,496
Seen by health visitors only	...	...	...	...	...	7,932
Attendances for immunisation	...	...	...	...	...	8,586
Attendances at health talks given by health visitors	...	...	...	...	...	5,916

(b) *At General Practitioners' Surgeries :*

Total attendances:

under 1 year	...	...	5,040	} 6,844
1 year	...	...	1,061	
2—5 years	...	...	715	
over 5 years	...	...	28	
Examined by general practitioners	...	...	...	3,906
Seen by health visitors only	...	...	...	2,938
Attendances for immunisation	...	...	...	5,891
Attendances at health talks given by health visitors	...	...	...	1,926

(6)

HANDICAPPED CHILDREN

The following table shows children notified during the year in accordance with the Education Act, 1944, to the Local Education Authority as having important defects discovered either during the course of home visiting or at clinics:

<i>Category of Defects</i>									<i>No. of Cases</i>
a.	Totally blind	...	...	...	...	...	...	...	2
b.	Partially sighted	...	...	...	...	...	...	...	25
c.	Totally deaf	...	...	...	...	...	...	...	7
d.	Partially deaf	...	...	...	...	...	...	...	24
e.	Educationally subnormal (mentally backward)	...	...	...	...	...	...	...	122
f.	Epileptic	...	...	...	...	...	...	...	18
g.	Maladjusted (emotional instability or psychological disturbance)	...	...	...	...	...	...	...	5
h.	Physically handicapped	...	...	...	...	...	...	...	61
	Spastic condition	...	...	...	...	...	...	...	23
i.	Defective speech (not due to deafness)	...	...	...	...	...	...	...	13
j.	Delicate	...	...	...	...	...	...	...	163
(diabetes 3; tuberculosis 47; haemophilia 2; asthma 41; coeliac disease 10; Bronchiectasis 1; congenital heart disease 13; other disorders 46).									
k.	No. of children with a combination of defects (included above)	...	...	...	...	...	...	...	53

(7) INCIDENCE OF ASTHMA

<i>Year of Birth</i>		<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>
No. of children reported in 1968	...	12	16	9	4

Total 41

SCREENING TESTS

1. Cervical Cytology

There was some expansion of this service in 1968 but it was limited by the financial position. Hospital facilities for the examination of slides improved so that it would have been possible to have increased slightly the number of tests carried out. An average of 14 clinics (maximum 17) were held weekly, mostly at health centres and factory premises. With the co-operation of industrial medical officers, some of whom supplied transport and clerical staff, this type of expansion was marked. However, at the end of the year there were some 11 factories on a waiting list of three to four months. The Public Health Department now deals with transport, supply of materials and clerical help for the Family Planning Association. In all, cervical cytology clinics were held at health centres, at family planning clinics, at factories or commercial firms and at general practitioners' surgeries. A special clinic was held for Corporation staff. Below are given the relevant statistical data by type of clinic:-

	No. of smears taken	No. grade 4 or 5	Years 20-30 No. taken	No. grade 4 or 5	Years 31-40 No. taken	No. grade 4 or 5	Years 41-50 No. taken	No. grade 4 or 5	Years 51-60 No. taken	No. grade 4 or 5	61+
Child Health Centres	9551	40	1582	3	3350	11	3198	19	1246	7	175
Factories or Commercial Premises	2007	5	424	1	383	1	676	2	492	1	32
*Family Planning	3461	7	2169	3	923	4	257	—	23	—	1
Corporation Clinic	906	3	302	1	170	—	230	1	188	1	16
General Practitioners' Surgeries	253	—	12	—	88	—	149	—	4	—	—
TOTALS	16178	55	4489	8	4914	16	4510	22	1953	9	224

Rate—Grade 4 and 5 per 1,000

Overall 3.4 per 1,000

20 - 30 years 1.8 per 1,000

41 - 50 years 4.9

31 - 40 years 3.3

51 - 60 years 4.6

*88 did not have age group or date of birth noted. There were no grades 4 and 5 in the 61+ age group.

Only in October - November did the waiting lists at some of the clinics become negligible. A little publicity corrected this and at the end of the year there was about six weeks to three months waiting period at the majority of clinics. Routine testing of urine had to be abandoned due to shortage of staff and at no time was there a sufficiency of staff to carry out both palpation of the breasts and routine testing of urine. Nearly all this type of screening procedure is carried out by the domiciliary midwifery staff.

2. Orthoptic Screening for Eye Defects

Three orthoptists from Selly Oak Hospital attend child health centre sessions, day nurseries and immunisation clinics to examine children's eyes for obvious defects and to give each child a cover test for squint. An analysis of the results for 1968 is given below:-

(a)	No. of children examined	...	...	...	...	...	7,014
	age 0-2 years	...	...	...	...	...	3,886
	2-4 years	...	...	...	...	...	1,818
	4 years +	...	...	...	...	...	1,310
	sex Male	...	...	...	...	...	3,644
	Female	...	...	...	...	...	3,370

(b) Defects found

Abnormal head posture	...	1	Epiphora	...	...	...	41
Allergy	...	...	1	Heterochromia	...	...	1
Amblyopia	...	...	11	Irregular pupils	...	...	2
Anisometropia	...	...	1	Myopia	...	...	1
Blepharitis	...	...	28	Nystagmus	...	...	15
Blinking	...	...	5	Palsy	...	...	11
Buphthalmos	...	...	1	Phoria	...	...	52
Cataract	...	...	5	Photophobia	...	...	8
Conjunctivitis	...	...	16	Ptosis	...	...	21
Cysts	...	...	3	Squint	...	...	306
Dilated pupil	...	...	1	No apparent defect	...	...	6,336
Entropion	...	...	7	At risk	...	...	176
Referred	...	...	...	...	...	...	317

(c) Incidence of abnormality

By race: White children 436 out of 5,905 examined (7.4%) were found to have one or more defects.

Coloured children 70 out of 1,109 examined (6.3%) were found to have one or more defects.

By age: 0-2 years 156 (4.0%) were found to have one or more defects.

2-4 years 195 (10.7%) were found to have one or more defects.

4+ years 155 (11.8%) were found to have one or more defects.

Overall incidence of squint 4.4%.

Screening for Deafness: Audiology Clinic

Health visitors and medical officers carried out 9,942 tests by the Ewing method with emphasis on children on the observation register. In all, four hundred tests were carried out at the home of the child and 251 were referred to the special audiology clinic.

Work at the Audiology Clinic

New children referred for testing	...	...	...	...	...	251
No. of children on the register 1st January, 1968	...	...	...	...	...	144
No. of children on the register 31st December, 1968	...	...	...	...	...	206

1968 disposal (251)

Discharged as hearing normally	...	...	...	...	...	45
Referred to Consultant in Mental Subnormality	...	...	...	...	...	47
Referred to School Health Service	...	...	...	...	...	40
Referred to Children's Hospital...	...	...	...	...	...	38
Under supervision or training	...	...	...	...	...	81

1967 disposal (144)

Discharged	...	...	...	...	...	...	...	104
Under supervision or training	...	...	...	...	...	...	...	40

3. Congenital Dislocation of the Hip

Barlow's method of diagnosis is carried out by the domiciliary midwives. The number of babies tested was 4,406, somewhat less than the number of domiciliary births. It would seem that some of the records of having carried out the test were not forwarded by the domiciliary midwives. Twenty-seven babies were referred to orthopaedic outpatient departments for a further opinion.

4. Screening for Handicaps : OBSERVATION REGISTER

From the 1st January, 1968 the observation register consisted of a series of registers, in a loose leaf file system at each personal and child health centre. Relevant information about children "at risk" from the City maternity units is forwarded from the Public Health Department to the health visitors in the field with added notes of guidance by the medical officer in charge of the register. The health visitor exercises surveillance over the children on her local register and adds the names of those children who have an obvious defect, or who for some reason appear not to be developing normally, perhaps due to a physical cause or due to environmental circumstances. When she is in any doubt as to a child's progress the mother is encouraged by all means possible to take her child to the assistant medical officer of health's clinical session. Now that more assistant medical officers have been trained in the Ruth Griffiths method of developmental testing, a smaller proportion of those children whom the assistant has doubt about should be referred to the senior clinical medical officer. The duty of the latter is to try to make a more detailed enquiry into the child's development, ascertain possible causes and refer, if necessary, to hospital assessment centres. Our grateful thanks are due to Dr. G. B. Simon, Medical Director and Consultant Psychiatrist, Lea Castle Hospital, Kidderminster, for his help with diagnosis and assessment and for his continuous support and encouragement.

Hearing tests are carried out on children on the observation register by the health visitor. If the child fails two hearing tests she/he is referred to the special audiology clinic. When the child is considered to be normal his name is removed from the register and the loose leaf sheet is transferred to the health visitor's home visiting card. Those children who do not make normal progress have their case histories transferred to a punch card at central office. It is hoped to build a ready reference of children not making normal progress, so that these details may be used in planning their education.

TRAINING CLASSES FOR HANDICAPPED CHILDREN

A normal child develops various skills and abilities in a regular and orderly pattern. Where there is a handicap, the pattern may be disturbed, often grossly. In some children where there is a physical and mental handicap with an added undetected loss of vision or hearing, there is a whole area of communication missing, adding considerably to the original handicap. In others some skills are poorly developed or may develop chronologically very late, if at all. Thus at all points there may be cumulative effects with the child becoming handicapped out of proportion to its original defect. The pattern can be altered by accurate diagnosis and by early stimulation of the child along the general lines of normal development with special emphasis on particular difficulties. This is the basic principle on which special training classes for handicapped children are based at 15 child health centres.

The classes are organised and run by health visitors with a physiotherapist attending, most of the children being referred to the class by consultant paediatricians with a twofold object of helping the child and mother. The mothers are encouraged to attend, to participate in the class, to talk to one another with cathartic effect and to seek advice from health visitors and the doctor who visits each class periodically. The children learn by play, just as normal children do, but more slowly. Toys of all kinds, books, walking aids, special chairs, as well as familiar objects like cups, saucers, etc. are used to stimulate the children. Because some acquisition of the social graces is essential if a child is to be accepted into society, some classes are now being held without physiotherapy for social stimulation only. Conversely in one or two instances, special arrangements are made for physiotherapy to be given to physically handicapped children where no actual training class is taking place. Help is given unstintingly by health visitors but unfortunately the child often cannot be helped because of lack of transport to the training class. Some kind ladies with an unselfish willingness do help in one or two areas but in the main many efforts have been unsuccessful in organising voluntary transport. With the cost of motoring so high and the City traffic so dense, many ladies who had started to help have been forced to give up sessions.

Two special care units run by the Birmingham Society for Mentally Handicapped Children continue to be held at Erdington and Yardley Wood Personal and Child Health Centres. During the year training classes became a focus of interest for visitors from authorities outside the City, including visitors from the Department of Health and Social Security.

It is pleasing to report that health visitors are becoming increasingly aware of handicaps in children created by the environment such as where a child lives an isolated existence in a tall block of flats or where the child, prejudiced by environmental and family social circumstances brought about by backward, unknowing or careless parents becomes handicapped by paucity of language and skills. Some health visitors have started special playgroups to deal with this type of child.

5. Phenylketonuria

Total no. of phenylketonuria tests on 1968 births	...	...	...	19,466
Refusals to permit test	...	...	...	22
No. of children who left the City before the test	...	...	...	657
No. of children who died prior to the test	...	...	...	338

All the tests were negative to phenistix but in one case it was necessary to refer a specimen of urine for full examination. The amino acid pilot test scheme was already in operation in this area and this test proved to be positive. The older sibling was also tested and found to be positive although the "nappy" test performed when the child was six weeks old had been negative.

6. Screening for Abnormal Amino Acids

As referred to and described under Maternity Services, screening of blood samples to detect abnormal amino acid metabolism has begun as a pilot scheme in an area of the City.

7. Screening for Malformations

The following is a list of notifications of congenital malformations for 1968 as used in a joint study by the Department of Social Medicine at Birmingham Medical School and the Public Health Department. For comparison purposes the number in brackets are of particular abnormalities as notified by the hospitals and domiciliary midwives under the Department of Health scheme. Some of the discrepancies between the two series of figures are explained by the fact that the figures are collected under the national scheme within the first month of life and are not reappraised. However, some of the discrepancies cannot be explained other than by non-notification.

	<i>Children with one malformation</i>	<i>Children with two or more malformations</i>	<i>Total</i>
Number of children affected	402	58	460 (361)
Number of malformations:			
Mongolism	24	3	27 (20)
Anencephalus	33	6	39 (22)
Spina bifida (without anencephalus)	26	11	37 (22)
Hydrocephalus (without spina bifida)	10	7	17 (13)
Exomphalos	7	8	15 (8)
Oesophageal atresia, etc.	4	6	10 (2)
Gut obstruction	5	2	7 (4)
Imperforate anus	2	3	5 (2)
Renal agenesis	1	1	2 (3)
Hypospadias	22	3	25 (15)
Other genito-urinary	13	20	33 (13)
Cleft lip (with or without cleft palate)	16	6	22 (13)
Cleft palate (without cleft lip)	7	4	11 (10)
Congenital heart disease (without mongolism)	45	18	63 (15)
Polydactyly	25	4	29 (19)
Syndactyly	9	6	15 (5)
Talipes (without other defects)	81	—	81 (56)
Unstable hip	15	5	20 (12)
Other limb defects	10	9	19 (20)
Cataract	1	2	3 (0)
Other eye defects	3	2	5 (2)
Accessory auricle	8	2	10 (3)
Other ear defects	5	4	9 (9)
Diaphragmatic hernia	7	3	10 (5)
Malformations other than above	23	21	44 (106)

This list only includes children with well-established macroscopic abnormalities of structure attributable to faulty development and present at birth. 80 other children who were reported to be malformed have been excluded because the conditions reported did not meet these criteria.

PERSONAL AND CHILD HEALTH DENTAL SERVICE

During 1968 the Maternity and Child Welfare Dental Service was amalgamated with the School Dental Service to form the Personal and Child Health and School Dental Service. This amalgamation took place on paper as from 1st April, 1968, but is likely to take a little time to become fully operative. The result, however, is that 1968 has been a period of transition and adjustment. Conditions during this time are not strictly comparable either with what has gone before or what will come about in the future.

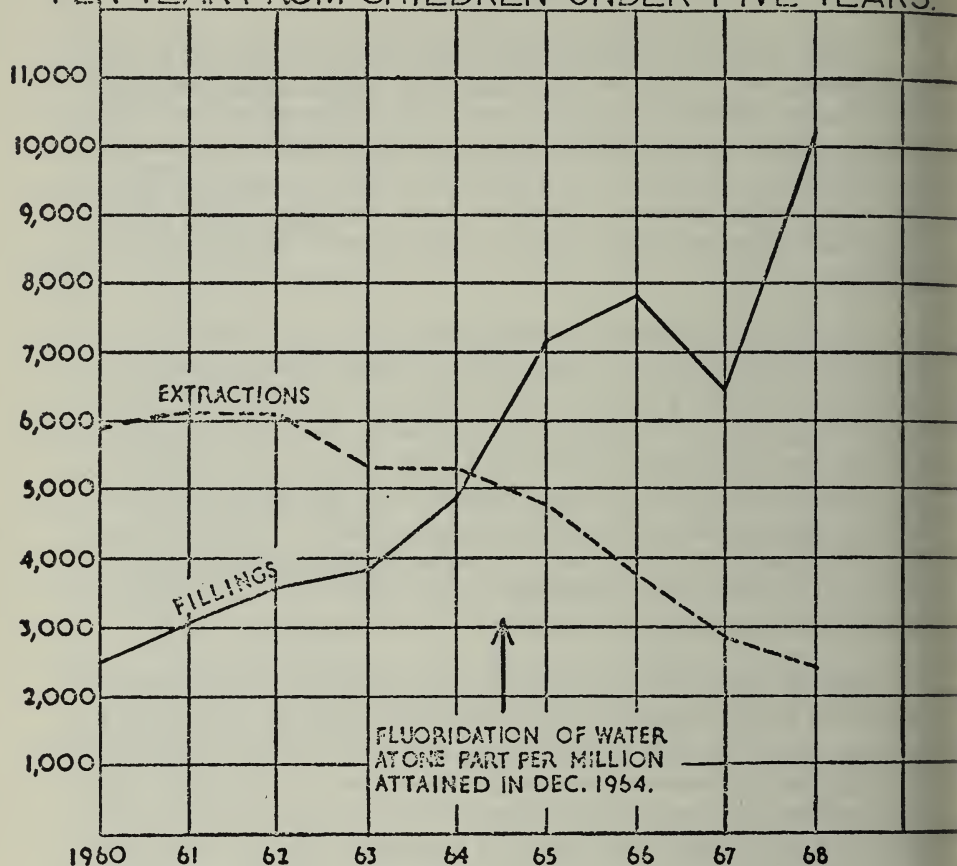
One of the consequences of amalgamation has been a sorting out of statistics. The border line between those children dealt with under the Maternity and Child Welfare Dental Service and those dealt with by the School Service has, of necessity, been somewhat blurred as far as four and five year old children are concerned. This has now been adjusted as far as possible and one of the results appears to be that much of the treatment for four year old children will, in future, appear in the School Dental Service statistics. This will lead to an apparent fall in the treatment of pre-school children but it should be borne in mind that this is merely a transfer from one category to another.

Since 1st April also there has been an interchange of staff between what were the two separate dental services and, therefore, paragraphs in previous reports devoted to professional staff have become inapplicable. Similarly the treatment of pre-school children had, by the end of 1968, been extended to the ex-School Dental Service clinics as well so that instead of eight clinics there were now available 21 clinics with obvious advantages to mothers in that their travelling time will be much reduced and it should be possible for all members of a family to receive their treatment at the same clinic. This, of course, has not always been possible in the past as has been mentioned in previous reports.

Soon after 1st April the Nechells Green Dental Clinic was re-organised to provide a prototype for the future working of an amalgamated service. The dental surgeon, as head of the "dental team", has available the services of a dental auxiliary and a dental hygienist. A fully integrated service is provided to include pre-school children, mothers and the treatment of school children from the neighbouring schools, and a good deal of very useful experience has been gained thereby.

To turn now to the dental state of pre-school children and expectant mothers, the treatment provided for the latter class of patients is very much the same as in the previous year with a further slight fall in the number of dentures supplied.

NUMBER OF TEETH EXTRACTED AND FILLED PER YEAR FROM CHILDREN UNDER FIVE YEARS.



The condition with regard to pre-school children, however, is very different as the above diagram illustrates. The first point to merit comment is the effect of fluoridation. The 1968 survey of 3 years old children showed that the average number of defective teeth (d.e.f.) had fallen in the case of boys from 2·817 in 1964 to 1·379 in 1968, and in the case of girls from 2·371 in 1964 to ·848 in 1968. In the case of boys this is a small improvement on the 1967 figure of 1·396 but in the case of girls is a substantial improvement on the 1967 figure of 1·233. It would appear that there is still a slight continuing improvement in the teeth of the three year old children in Birmingham.

It can also be seen from the diagram that the number of extractions has fallen substantially since 1964 and this has been accompanied by a reduction in the number of sessions devoted to this type of work. It can also be seen, however, that at the same time there has been a very substantial increase in the number of fillings inserted in teeth of pre-school

children. These changes are the result of complex causes which are not easy to assess but it seems clear that fluoridation has played a substantial part both in reducing the number of teeth attacked by dental decay and in limiting, in those teeth which are attacked, the spread of this disease so that many teeth which in previous years would have needed extracting at this age, are now easily and quickly fillable.

More or less coinciding with this change in the nature of the attack on teeth by dental caries has been the availability of dental auxiliaries. Reference has been made to these young ladies in previous reports and there is no doubt that they have a substantial part to play in providing dental treatment for young children. It is largely as a result of their efforts that it has been possible to insert the substantially increased number of fillings shown in the diagram.

There can also be little doubt that activities covering both dental health education and dental treatment over the past 10 years or so have increased substantially the number of parents who are prepared to accept conservative dental treatment for their children. All this has contributed towards a very much changed picture as regards the dental state of pre-school children and the treatment given.

Close links have been maintained once more with the Dental Hospital, both with the Children's Department which is carrying out an investigation into the development of occlusion, and with the Department of Social Dentistry under Professor James.

It has been recorded in previous annual reports how valuable the advice and help from Professor James has been in our annual surveys of both pre-school and school children into the effects of fluoridation. This has now been extended to the use of punch cards for the recording of data concerning the teeth of these children in considerable detail and it should, therefore, be possible in due course, to provide detailed information about the changes in the incidence of caries during and after fluoridation.

Inspections have continued to be held at 38 welfare centres, including those at which there are dental clinics, which is a very similar figure to that in 1966. All city day nurseries were visited twice during the year and teeth of the children attending inspected. As a result the number of children inspected at health centres and day nurseries apart from those seen at dental clinics was 1,820 compared with 1,544 in 1967.

For the first part of the year X-ray facilities continued to be localised at Lancaster Street, but as facilities for treatment are extended to other clinics formerly used solely for school children, then dental X-ray facilities became available also at Northfield, Sheep Street, Harvey Road, Aston, Monument Road and Aldridge Road.

The mechanical work in connection with the supply of dentures for expectant and nursing mothers continues to be in the hands of the laboratory which dealt with it in 1967.

Statistics

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

<i>Part A. Attendances and Treatment</i>					<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of visits for Treatment During 1968						
First visits...	...	...	...	...	1 3,803	13 1,070
Subsequent visits	...	...	...	...	2 6,366	14 3,093
Total visits	...	...	...	...	10,169	4,163
Number of additional courses of treatment other than the first course commenced during year ...					3 1,127	15 54
Treatment provided during the year-						
Number of fillings	...	...	...	...	4 10,166	16 1,972
Teeth filled	...	...	...	...	5 8,956	17 1,787
Teeth extracted	...	...	...	...	6 2,401	18 2,128
General Anaesthetics given	...	...	...	...	7 1,020	19 380
Emergency visits by patients	...	...	...	...	8 342	20 107
Patients X-rayed	...	...	...	...	9 22	21 35
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	...	...	...	...	10 230	22 375
Teeth otherwise conserved	...	...	...	...	11 3,046	23 5
Teeth root-filled	...	...	...	...		24 2
Inlays	...	...	...	...		25 5
Crowns	...	...	...	...
Number of courses of treatment completed during the year	...	...	...	...	12 4,583	26 763
<i>Part B. Prosthetics</i>						
Patients supplied with full upper or full lower (first time)	...	...	...	...	27 166	
Patients supplied with other dentures	...	...	...	...	28 309	
Number of dentures supplied	...	...	...	...	29 673	
<i>Part C. Anaesthetics</i>						
General anaesthetics administered by dental officers	...	...	...	...	30 Nil	
<i>Part D. Inspections</i>						
Number of patients given first inspections during year	...	...	...	...	A 7,841	D 1,104
Number of patients in A and D above who required treatment	...	...	...	...	B 3,622	E 1,064
Number of patients in B and E above who were offered treatment	...	...	...	...	C 3,599	F 1,062

Part E. Sessions

				For treatment	For health education
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:				G 2,301	H 11

A substantial increase in the number of fillings inserted and the continuing decline in the number of teeth extracted has meant an improvement in the ratio of teeth conserved to teeth extracted. This has improved from 3.6 in 1967 to 5.5 in 1968. Again it is apparent that the number of children inspected has increased while the proportion requiring treatment is rather smaller. This seems likely to be one of the effects of fluoridation. Total attendances in 1968 for all purposes were 21,589 compared with 18,555 in 1967. In the case of mothers the figures were 5,426 in 1968 and 6,031 in 1967.

Professional Staff

Since amalgamation has made available to expectant mothers and pre-school children all the dental staff in both the School Dental Service and the Maternity and Child Welfare Dental Service it is not possible to indicate the number of dental surgeons or dental auxiliaries working exclusively on pre-school children and expectant and nursing mothers. It is possible to say, however, that during 1968 dental surgeons devoted the equivalent of 2,301 sessions and dental auxiliaries 1,022 to the treatment of these classes of patient.

Accommodation

Here again amalgamation has totally altered the picture, dental treatment for pre-school children and expectant mothers by the end of the year being available at the 21 clinics of the combined Personal and Child Health and School Dental Service. One result of this has been the closing of the ex-Maternity and Child Welfare Dental Clinic at Warren Farm Road, Kingstanding and the transfer of all treatment to the School Clinic in the same road.

Dental Health Education

It seems likely that Dental Health Education will play a substantially greater part in the Local Authority Dental Service than it has done in the past.

The Personal and Child Health Dental Service made provision for the post of Senior Dental Hygienist whose duties would include the organisation of dental education in the City making use of and co-ordinating the activities of our dental auxiliaries and hygienists in this field.

During 1968 arrangements were made for an extension of dental health education into a smaller number of schools. These were mainly infant schools and up to the present these projects have been received with great enthusiasm both by the staff of the schools concerned and by the dental staff involved.

It is felt that these activities need to be very closely integrated with the treatment side of the service and in particular that, as far as possible, some of the personnel working at the various dental clinics should go into the schools served by their respective clinics and let the children get to know them. In this way it is felt that the difficulties which children sometimes encounter in visiting a strange place staffed by people with whom they have had no previous contact can, to a certain extent, be overcome.

Dental health education in the form of chair side talks to patients at the dental clinics and elsewhere when the opportunity occurs, particularly at immunisation clinics, has continued. Talks on dental matters have also been given at the College of Education to teachers in training, to the Health Visitors' Training Course and to the Nursery Nurses' Training Course.

DOMICILIARY MIDWIFERY

(Section 23 – National Health Service Act, 1946)

There were 20,256 live births and 290 stillbirths to residents of Birmingham in 1968. Of these 674 live births and 11 stillbirths occurred outside the City. There were 3,118 out-of-City mothers confined at City hospitals.

The total number of confinements has shown a marginal decrease. If the total confinements are grouped in three year periods, the decrease is more obvious:-

<i>1960-1962</i>	<i>1963-1965</i>	<i>1966-1968</i>
64,213	65,196	61,685

The succeeding text and statistical tables refer to confinements of City mothers. During the year, 15,576 women were delivered at Good Hope, Marston Green and city hospitals, an increase of 162 on 1967, thus bringing the hospital percentage delivery to 76·6 per cent. which now exceeds the recommendation of the Cranbrook Committee. The number placed on the emergency bed list was 23, the lowest figure ever, yet there are indications that the emergency bed list may rise considerably in 1969. Domiciliary confinements amounted to 4,766, a decrease of 544 on the previous year. The total number of early discharges (under the tenth day) also decreased by 901.

	(1) <i>Total No. of con- finements at city hospitals, Good Hope Marston Green and at home</i>	(2) <i>Total No. of con- finements at city hospitals Good Hope and Marston Green</i>	(3) <i>Total No. of domiciliary confinement- ments</i>	(4) <i>Total No. of early discharges needing attention of midwife</i>	(5) <i>Hospital confinement- ments as percentage of total</i>	(6) <i>(3) and (4) as percentage of (1)</i>
1961	21,432	13,493	7,939	7,089	62·95	70
1962	22,107	13,939	8,168	9,585	63·1	80
1963	21,850	14,195	7,655	11,115	65·0	86
1964	22,188	15,006	7,082	11,992	68·1	86
1965	21,156	15,017	6,139	12,624	71·0	89
1966	20,519	14,929	5,590	12,937	72·4	90
1967	20,724	15,414	5,310	13,207	74·4	89
1968	20,342	15,576	4,766	12,306	76·6	84

Perinatal Mortality Rate, 1968 – 26.23

The following are the City rates among infants for the past six years together with the percentage of hospital deliveries. Rates, in brackets refer to England and Wales.

		1963	1964	1965	1966	1967	1968
Perinatal mortality rate	...	31.64 (29.3)	29.80 (28.2)	29.63 (26.9)	29.27 (26.3)	28.29 (25.4)	26.23
Stillbirth rate	... ..	18.9 (17.2)	17.5 (16.3)	17.2 (15.8)	17.3 (15.3)	16.27 (14.8)	14.11
Early neonatal death rate	...	12.99	12.60	12.53	12.18	12.21	12.09
Percentage hospital delivery	...	65.0	68.1	71.0	72.4	74.4	76.6

The decrease in the perinatal mortality rate is due to a fall in the stillbirth component. There is still, however, ample evidence that the selection of women for hospital delivery needs to be improved. In 1966 (the latest figure available) some 216,000 women having legitimate or illegitimate children were delivered at home and of these 9,400 were illegitimate. Over 13,000 having legitimate children had borne five or more children and of these one third were 35 years or more of age. However great credit is due to the domiciliary midwifery staff, general practitioners and hospital staff for this improving rate. There are other factors responsible for the steady decline in the perinatal mortality rate such as better housing and education. Many of the present generation of mothers were born in the 1930's when nutrition was poor and many were reared in poverty. Poor nutrition, poverty and bad environmental conditions affect skeletal development and height. Standards of living have improved, school children are taller and healthier than previous generations. The decline in the perinatal mortality rate in babies of primiparae born during or since the war, whether delivered at home or in hospital, has shown the sharpest decline of any age grouping. Another factor must be the more frequent estimation of haemoglobins. In 1963 when the expanded scheme for blood withdrawal from expectant mothers was introduced to each welfare centre, 643 letters were sent to general practitioners drawing their attention to the fact that the haemoglobin was 70 per cent. or less. In 1968 the number of letters was 23.

Early Discharges from Hospital

The following table gives the number of early discharges together with the percentage of early discharges from the ninth day and under in three day periods:-

Day of Discharge	1963	1964	1965	1966	1967	1968
First ...	141	137	120	110	69	50
Second	742	888	906	1,025	847	596
Third	850	1,155	1,347	1,511	1,723	1,725
	16%	19%	18%	20.5%	20%	19.3%
Fourth	463	605	672	677	795	852
Fifth ...	374	476	555	534	634	553
Sixth	454	584	826	1,240	1,445	1,012
	11%	14%	16.2%	18.9%	21.8%	19.6%
Seventh	1,486	1,816	1,959	1,529	1,674	1,826
Eighth	4,087	3,957	3,965	5,288	4,973	4,760
Ninth	2,518	2,374	2,274	1,023	1,047	934
	73%	67%	65%	60.6%	58.2%	61.1%
	<u>11,115</u>	<u>11,992</u>	<u>12,624</u>	<u>12,937</u>	<u>13,207</u>	<u>12,308</u>

Ten days and over to the
care of the midwife ... 560 649 667 855 819 918

The trend since 1966 to discharge an increasing percentage in the first six days has ceased.

Maternity Hospitals

During the year Lordswood and Heathfield Road Maternity Hospitals closed and the general practitioner unit at the Birmingham Maternity Hospital has opened. Maternity beds in Birmingham and the immediate surrounding areas have increased from 701 in December, 1966, to 771 in December, 1968. An increasing proportion of these beds are in units on the perimeter of the City and entail long journeys for expectant mothers. The further one is from the centre of a city the less becomes the concentration of public transport, with longer intervals between services. Thus an unhappy position for some City mothers has arisen where it takes the best part of a day to have a routine check up at a hospital antenatal clinic. If there are a number of children in the family, the problem is much more acute. The position is reflected in the increase in the number of requests for domiciliary midwives to check up on antenatal defaulters and also in the increase in the number of cases already placed on the emergency booking list for 1969.

General Practitioner Units at Hospitals

Good Hope Hospital: The domiciliary midwife now attends her own cases with the general practitioner at this unit. The number of cases delivered by the midwife has been 14. Both the general practitioners and midwives from the City find the distance to the unit a little great for very practical use.

Birmingham Maternity Hospital: The general practitioner unit opened in November. It has 25 beds, is complete in itself but forms an integral

part of the main hospital. It is staffed by domiciliary midwives from the sector area on a weekly rota basis. In all, 30 patients were delivered by the domiciliary midwives during November and December.

Intubation of the Newborn

The Central Midwives Board has decided that if a midwife has been trained in the procedure of intubation, she may, under certain conditions, carry out intubation in appropriate cases. To this end, lectures and demonstrations have been given to the staff by consultant paediatricians. This procedure is rarely carried out on the district. It would appear that the Blease-Samson resuscitator with which each midwife is equipped, is a much more practical solution.

General Practitioner Co-operation

Since 1947 the midwives have been grouped usually into fours and the group attends on a given number of general practitioners, at their ante-natal clinics, whether at general practitioners' surgeries or at their ante-natal clinics at child health centres. In all, attendances are made at 176 such clinics weekly, some of which are relaxation or booking clinics only. At the moment a number of pilot schemes of general practitioner attachment are in progress and during the next few years these schemes will be increased considerably.

Detection of Abnormal Amino Acids – Heel Prick Test

From research in Scotland, Ireland and two major cities in England, it is estimated that the incidence of phenylketonuria is 1 in 10,000 to 15,000 live births. By the phenistix method of testing the incidence in Birmingham was considered to be 1 in 30,000 live births. It has come to our knowledge that at least two children have been missed by the phenistix test and diagnosed at a later date when treatment is not effective. Biochemical examination of the blood is more sensitive and accurate and the Guthrie Test has been recommended and adopted in most areas instead of the phenistix test. There are, however, other hereditary inborn errors of protein metabolism which remained undetected by the Guthrie Test that can lead to mental handicap and other abnormalities in the growing child. This range of diagnosis can be covered by a chromatographic test on the blood. During the year a pilot scheme, based on this method, to test each newborn child in certain wards of the City, was carried out with the help of Dr. Raine of the biochemical department of the Children's Hospital. Since the inception of this pilot scheme, of the 974 babies tested, raised transient non-significant levels of tyrosine, glycine, phenylalanine and histidine have been discovered, usually in premature babies. The midwives in these wards have co-operated and collected the blood by the heel prick method. It is hoped to extend this scheme to the City as a whole in the early spring of 1969.

One phenylketonuric was diagnosed in 1968 using phenistix.

Emergency Maternity Service

During the year 79 calls were made on the Flying Squad for city cases. An analysis of the Birmingham cases from 1964 to 1968 is given:-

	1964	1965	1966	1967	1968
Retained placenta with or without haemorrhage ...	50	40	38	39	34
Haemorrhage – placenta expelled	27	17	13	19	14
Abortions	3	4	5	7	9
Antepartum haemorrhage ...	3	5	8	3	12
Other causes	7	3	7	8	10
	<u>90</u>	<u>69</u>	<u>71</u>	<u>76</u>	<u>79</u>

Of other causes three were of secondary postpartum haemorrhage, varying in time from 5 to 28 days after the birth.

Bed Bureau and Emergency Lists

The number of applications to the Bureau was 2,844 of which 575 were referred by social workers. The domiciliary midwives investigated 1,221 of these. In all, 1,476 were referred for hospital admission and 23 were placed on the emergency bed list.

Analgesia

Analgesia was administered by domiciliary midwives as follows:-

<i>As midwives</i>	<i>No. of patients</i>	<i>With general practitioner present</i>	<i>No. of patients</i>
Gas and Oxygen... ..	792	Gas and oxygen ...	88
Gas, oxygen and trilene	7	Gas, oxygen and trilene	1
Gas, oxygen, pethidine and trilene	7	Gas, oxygen, pethidine and trilene	3
Gas, oxygen and pethidine	975	Gas, oxygen and pethidine	141
Trilene	214	Trilene	3
Trilene and pethidine ...	175	Trilene and pethidine	17
Pethidine	921	Pethidine	19

Local Authority Clinics (Maternity)

The number of general practitioners holding separate antenatal clinics at child health centres during 1968 was 20. In addition to this, 19 general practitioners held an antenatal clinic combined with children's examinations. (Clinics for children's examinations and immunisation only were held by 10 general practitioners).

	<i>Assistant M.O.H. attending</i>		<i>Midwife attending</i>		<i>General Practitioner attending</i>	
	<i>New cases</i>	<i>Attendances</i>	<i>New cases</i>	<i>Attendances</i>	<i>New Cases</i>	<i>Attendances</i>
1963	615	4,190	1,741	6,608	1,776	11,419
1964	508	3,307	2,301	7,748	2,112	13,108
1965	333	3,081	2,277	7,401	2,479	13,720
1966	315	1,537	2,528	7,856	2,884	16,372
1967	313	1,491	2,175	6,803	3,132	18,814
1968	232	1,069	1,787	5,698	3,058	19,123

Maternal Mortality

In 1968 there was a total of six maternal deaths. The maternal mortality rate was 0.29 (no maternal death due to abortion) per thousand live births. There were four deaths due to associated conditions. There was no death on the district. The following table gives the information regarding these deaths:-

<i>No.</i>	<i>Age</i>	<i>Parity</i>	<i>Cause of Death</i>	<i>Remarks</i>
1	32	3	Haemorrhage and shock Ruptured uterus from previous caesarian section scar.	Normal delivery. Stillborn baby.
2	29	2	Vagal inhibition. Hydramnios and con- genital foetal abnormal- ity.	Totally unexpected death due to amniocentesis for hydramnios.
3	22	Primi- para	Pulmonary embolism. Iliac vein thrombosis.	Nil.
4	42	5	Spontaneous subarach- noid cerebral haemorr- hage. Ruptured berry aneurysm of the Circle of Willis. Early toxaemia of pregnancy.	Only two months pregnant.
5	26	7	Eclampsia. Recent delivery.	Patient persistently failed to attend for antenatal care and had suffered from pre- eclampsia for at least three weeks before her admission to hospital.
6	28	5	Cardiac arrest. Puerperal myocardio- pathy.	Nil

Statistics

(1) ANTENATAL AND POSTNATAL CLINICS

(a) Local Authority Clinics

(1) Expectant mothers attending combined antenatal and children's clinics:—							
New mothers attending	...	...	...	...	...	...	232
Total attendances	...	...	...	...	...	...	1,069
(2) Antenatal clinics with midwife only	...	...	...	...	...	...	842
New expectant mothers registered	...	...	...	...	...	...	1,787
Total attendances	...	...	...	...	...	...	5,698
(3) Primary postnatal examinations at clinics	...	...	...	...	...	...	39
Total postnatal examinations	...	...	...	...	...	...	48

(b) General Practitioner Clinics at Child Health Centres

Antenatal:

New mothers registered	...	...	...	...	...	...	3,058
Total attendances	...	...	...	...	...	...	19,123
Blood tests taken	...	...	...	...	...	...	1,971

Postnatal:

Primary postnatal examinations	...	...	...	...	...	...	1,428
Re-examination s	...	...	...	...	...	...	39
Gynaecological examinations	...	...	...	...	...	...	391

(2) PRACTISING MIDWIVES

During the year 1968, 532 midwives notified their intention to practise in the City:—

City domiciliary midwives	...	...	...	...	...	...	130
City domiciliary day midwives	...	...	...	...	...	...	18
Independent domiciliary midwives	...	...	...	...	...	...	5
Midwives in institutions	...	...	...	...	...	...	375
Midwives in private nursing homes	...	...	...	...	...	...	4

(3) NUMBER OF MIDWIVES CEASING TO PRACTISE IN THE CITY

Domiciliary midwives and day midwives who left the City in 1968	15
Independent domiciliary midwives ceasing to practise	—
Hospital midwives ceasing to practise	138
Midwives in nursing homes ceasing to practise	—

(3a) DOMICILIARY MIDWIVES IN ACTIVE PRACTICE

		No. in practice 31.12.67	Number retired during year	Number resigned during year	Transfers	New appoint- ments	No. in practice 31.12.68
<i>Employed by local authority :</i>							
(1) Midwives	...	115	3	11	1 —	14	114
(2) Day midwives		19	—	1	1 +	—	19

During the year 150 pupil midwives completed their Part II midwifery training in the City. Fifty-three pupils were placed by the supervisors in outside authorities — Dudley, Warley, Warwickshire, Staffordshire and the City of Worcester.

(3b)

VISITS MADE BY DOMICILIARY MIDWIVES

Antenatal visits

Doctor booked ...	...	...	...	...	38,376	
Midwife booked	...	...	...	...	626	
Hospital booked	...	...	...	...	505	
Investigations ...	...	...	...	...	7,794	
Useless visits ...	...	...	...	...	10,895	
Other visits ...	...	...	...	...	10,018	
					<hr/>	68,214

Postnatal visits

In own area	(a) home delivery	...	...	...	51,254	
	(b) hospital delivery	...	...	...	39,495	
					<hr/>	90,749
In other midwives' areas	(a) home delivery	...	...	...	22,097	
	(b) hospital delivery	...	...	...	19,407	
					<hr/>	41,504
					TOTAL	<hr/> 200,467

(3c)

CLINICS ATTENDED BY DOMICILIARY MIDWIVES

(a)	At general practitioners' own surgeries	...	...	...	3,475
	No. of patients seen	...	...	...	32,186
(b)	General practitioners at child health centres	...	...	...	2,268
	No. of patients seen	...	...	...	24,102
(c)	Public Health doctor at child health centre	...	...	...	429
	With doctor - No. of patients seen	...	...	...	1,897
	Midwife only - No. of patients seen	...	...	...	1,244
(d)	Midwife only at child health centre	...	...	...	1,730
	Doctors' booking - No. of patients seen	...	...	...	9,020
(e)	Relaxation classes	...	...	...	1,092
(f)	Mothercraft classes	...	...	...	343
(g)	Cytology clinics	...	...	...	298

(3d)

AMBULANCE SERVICE

Patients accompanied in ambulance	...	...	...	...	293
Hours away from district on ambulance duty	...	...	...	...	405½

(4) CHEST RADIOGRAPHY OF ANTENATAL CASES 1968

Number X-rayed (full-sized films)

Child health centres	...	...	...	...	...	273
Sorrento Hospital antenatal clinic	...	...	...	...	...	1,291
Lordswood Hospital antenatal clinic	...	...	...	...	...	174
TOTAL						1,738

Analysis of results:

(1) Normal cases	...	...	...	...	...	1,692
(2) Pulmonary tuberculosis						
(a) Referred to Chest Clinic (for assessment and/or treatment)	...	...	...	...	11	
(b) Referred to family doctor only	...	...	...	...	1	
(c) No action necessary	...	...	...	...	16	
TOTAL						28
(3) Non-tuberculous conditions of heart and lungs:						
(a) Referred to hospital or clinic	...	...	...	...	2	
(b) Referred to family doctor only	...	...	...	...	8	
(c) No action necessary	...	...	...	...	6	
TOTAL						16
(4) Failed to attend	...	...	...	...	...	2

(5) RELAXATION CLASSES

Classes were taken by physiotherapists weekly at four centres and fortnightly at two centres; each week by midwives at 19 centres and by health visitors at 20 centres.

Individual mothers attending	...	...	...	...	...	1,577
booked for hospital confinement	...	...	...	...	1,127	
booked for domiciliary confinement	...	...	...	...	450	
Sessions held (relaxation only)	...	...	...	...	...	1,531
Sessions held combined with children's remedial exercises	...	...	...	...	...	118
Total attendances	...	...	...	...	...	6,961
Attendances at associated mothercraft classes	...	...	...	...	...	6,704

(6) CHIROPODY CLINICS FOR ANTENATAL CASES

Total sessions held	49
Total attendances	276
Average number of patients called per session	9
Average number of attendances per session	6

(7) ANALYSIS OF DOMICILIARY CONFINEMENTS ATTENDED
BY MIDWIVES

1. (a) No. of deliveries booked by general practitioner and midwife	4,529
(b) No. of 1 (a) attended by general practitioner at birth ...	459
2. (a) Cases supervised at personal and child health centres by midwife only	17
(b) No. of 2(a) for which medical aid was called	6
(c) No. of 2(a) attended by general practitioner	1
3. Cases which were hospital bookings... ..	162
4. (a) Cases not booked by hospital or midwife	47
(b) No. of 4(a) for which medical aid was called	17
(c) No. of 4(a) attended by general practitioner at birth	6
5. No. of babies born in ambulance	6
(a) hospital booked	3
(b) not booked	3
6. No. of cases on emergency list delivered at home	5

Total number of domiciliary confinements 4,766, of which two were delivered by private midwives and attended by general practitioners. Total number of deliveries at mother and baby homes was 188, of which 39 were delivered by domiciliary midwife.

Total number of confinements attended by general practitioners was 466, being 9·8% of domiciliary confinements.

(8) REQUESTS FOR MEDICAL AID BY DOMICILIARY MIDWIVES
UNDER C.M.B. RULES, ANALYSED BY CAUSE

							<i>Doctor booked for antenatal and postnatal care</i>	<i>Doctor not booked</i>
(a)	Mothers							
1.	Antepartum haemorrhage	...	...	...	...	25	7
2.	Chest conditions	...	...	...	...	—	—
3.	Essential hypertension	...	...	...	...	3	8
4.	Hydramnios	...	...	...	...	—	—
5.	Malpresentation	...	...	...	...	28	11
6.	Multiple pregnancy	...	...	...	...	3	1
7.	Other antenatal conditions	...	...	...	...	24	11
8.	Poor general condition	...	...	...	...	2	—
9.	Toxaemia	...	...	...	...	12	1
10.	Urinary conditions	...	...	...	...	2	—
11.	Varicose veins	...	...	...	...	1	—
12.	Difficult or prolonged labour	...	...	...	...	38	17
13.	Foetal distress	...	...	...	...	30	8
14.	Post partum haemorrhage	...	...	...	...	17	6
15.	Laceration of perineum	...	...	...	...	215	58
16.	Obstetric shock	...	...	...	...	—	2
17.	Premature labour	...	...	...	...	16	11
18.	Retained placenta	...	...	...	...	19	5
19.	Inflamed breast	...	...	...	...	1	1
20.	Other postnatal complications	...	...	...	...	14	23
21.	Puerperal pyrexia	...	...	...	...	18	13
22.	Thrombosis of leg veins	...	...	...	...	1	2
23.	Abortion	...	...	...	...	1	—
24.	Social conditions	...	...	...	...	—	1
	TOTAL	...	...	...	...	470	186
(b)	Children							
25.	Ophthalmia neonatorum	...	...	...	...	23	17
26.	Premature birth and debility	...	...	...	...	7	1
27.	Convulsions	...	...	...	...	1	—
28.	Deformity or malformation	...	...	...	...	6	2
29.	Jaundice	...	...	...	...	4	1
30.	Umbilical inflammation	...	...	...	...	2	1
31.	Inflamed breasts or abscess of	...	...	...	...	—	—
32.	Skin eruption, pemphigus	...	...	...	...	4	2
33.	Unsatisfactory condition	...	...	...	...	40	33
34.	Asphyxia	...	...	...	...	15	4
	TOTAL	...	...	...	...	102	61

DOMICILIARY CARE OF PREMATURE INFANTS

In 1968, there were 1,094 premature infants in the following categories and a total of 1,068 were cared for by the eight premature baby midwives.

1. <i>Home confinement with baby care at home</i>	69
Birth weight distribution:	
3 lbs. 5 ozs.—4 lbs. 6 ozs.	1
4 lbs. 7 ozs.—4 lbs. 15 ozs.	6
5 lbs. —5 lbs. 8 ozs.	62

No neonatal deaths.

2. <i>Home confinement with subsequent admission to hospital including two babies of twin deliveries</i>	51
Birth weight distribution:	
Under —2 lbs. 3 ozs.	4
2 lbs. 4 ozs.—3 lbs. 4 ozs.	4
3 lbs. 5 ozs.—4 lbs. 6 ozs.	10
4 lbs. 7 ozs.—4 lbs. 15 ozs.	15
5 lbs. —5 lbs. 8 ozs.	18

There were ten neonatal deaths—extreme prematurity (3), respiratory disease syndrome (4), asphyxia, renal agenesis (1), collapse of lungs (1), reticulo endotheliasis (1).

Reasons for admission—low birth weight (15), poor general condition (11), home conditions unsuitable (11), asphyxia (3), cyanosis (2), exophthalmia (1), hospital bookings (8).

3. <i>Home confinement, admission to hospital, care by premature baby midwife on discharge</i>	36
Birth weight distribution:	
2 lbs. 3 ozs.—3 lbs. 4 ozs.	4
3 lbs. 5 ozs.—4 lbs. 6 ozs.	11
4 lbs. 7 ozs.—4 lbs. 15 ozs.	10
5 lbs. —5 lbs. 8 ozs.	11

There were three sets of twins and one baby of twin delivery.

No neonatal deaths.

Reasons for admission—poor condition (10), low birth weight (13), unsuitable home conditions (7), hospital bookings (6).

4. <i>Home confinement, not transferred to premature baby midwife</i> ...	26
Three neonatal deaths—extreme prematurity, died on route to hospital (1), cerebral haemorrhage, died 50 minutes after birth (1), sudden death third day, P.M. report congenital pneumonia (1).	
5. <i>Hospital delivery, after-care by premature baby midwife</i> ...	872
There were 38 sets of twins, 24 babies of twin deliveries and three surviving sextuplets, plus 40 babies born 1967 and discharged in 1968.	
	40

TOTAL	1,094
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HEALTH VISITING

(Section 24 – National Health Service Act, 1946)

On 31st December, 1968, the Department employed the equivalent of 120 health visitors (106 whole-time and 26 part-time). Secondments of health visitors were made to the Unmarried Mothers Section, the Geriatric Section and to special work with daily minders.

There were 91,410 visited children under the age of five years on 31st December, 1968. The average basic case load per health visitor was 775 as compared with 842 in 1967. Of the visited children under five years 17·7% were of the coloured population as compared with 16·8% in 1967.

Refresher Courses and in Service Training

Approved refresher courses arranged by the Royal College of Nursing and the Health Visitors' Association were attended by 26 health visitors. Two fieldwork instructors were trained in order to maintain our complement of twelve. One health visitor was seconded for training as a health visitor tutor and one attended a day release course of advanced training in audiometry.

Six staff meetings throughout the year enabled speakers of note to help the staff to keep abreast of current developments.

These academic exercises were appreciated by the health visitors who had to deal with approximately 2,000 visitors to welfare centres. The majority of the visitors were students from other disciplines who look upon the health visitors as able teachers in up to date methods of community care.

Special Surveys

The survey of rickets and scurvy in pre-school children in this City shows the following new notifications in 1968 (figures for 1967 in brackets).

<i>Nationality</i>	<i>Rickets</i>	<i>Scurvy</i>
English	Nil (2)	Nil (Nil)
West Indian	2 (4)	Nil (Nil)
Asiatic Indian	3 (5)	1 (Nil)
Nigerian	Nil (1)	Nil (Nil)
Greek Cypriot	1 (Nil)	Nil (Nil)

Work Analysis by City Statistician

In the first week of October a comprehensive job analysis was undertaken by the health visitors assisted by Mr. A. B. Neale and the staff of the Central Statistics Department which is collating the results. The object of this undertaking was to determine the proportion of time spent on pure health visiting and other matters relating to health visiting, i.e.

clinic administration and clerical work. It has been felt for some time that the growth of our multi-purpose clinics has involved some health visitors in an increasingly administrative capacity while ensuring their smooth running.

Co-operation with General Practitioners

During 1968 seventy seven individual general practitioners received regular assistance from health visitors at clinics held in general practitioners' surgeries. Fifty eight individual general practitioners held regular clinics in personal and child health centres for their own patients, assisted by health visitors and ancillary staff.

One health visitor was fully attached to the group practice of doctors in the Newtown area and accommodated in their surgery premises to work entirely on their patient load.

With the increasing number of health centre buildings and conversions and the closure of three peripheral clinics it is envisaged that more health visitors will be able to undertake complete attachments to group practices.

Programme of Work in Association with General Practitioners

(1) Surgeries Attended

	<i>Antenatal</i>	<i>Children & Antenatal</i>	<i>Children</i>	<i>Geriatric</i>	<i>Total</i>
Weekly	7	17	14	—	38
Fortnightly	—	1	1	—	2
Monthly	—	—	6	1	7
TOTAL	7	18	21	1	47

(2) Clinics in Personal and Child Health Centres

	<i>Antenatal</i>	<i>Children & Antenatal</i>	<i>Children</i>	<i>Total</i>
Weekly	15	15	7	37
Fortnightly	5	2	2	9
Monthly	—	2	1	3
TOTAL	20	19	10	49

Health Visitors' Training Course

Twenty four students were sponsored by the Public Health Dept., for training. Twenty three trained at the College of Commerce, University of Aston and one trained at Oxford College of Technology. All candidates were required to undertake an educational entrance test. The following figures summarise the response to our advertisements for student health visitors in 1968.

Accepted for training	...	...	...	...	...	24
Failed entrance test	...	...	...	...	...	30
Withdrew after acceptance	...	...	...	...	...	5
Withdrew before acceptance	...	...	...	...	...	5
Application form not returned	...	...	...	...	...	52
Full complement of students reached therefore not accepted	...	...	...	...	...	15

Not accepted for other reasons:-

Failed to attend for interview	...	...	...	...	...	3
Failed final interview	...	...	...	...	...	1
Wanted to train independently	...	...	...	...	...	1
Insufficient qualifications	3

Total number of preliminary applications	139
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Housing Management Department Hostels

The policy of the Housing Management Department has been to close a number of hostels for mothers and children and make available more half way houses where the homeless are accommodated as family units.

The health visitors who pay regular visits to the hostels for the purpose of general supervision and particularly health education have found that many of the occupants have tended to be long stay cases.

The following table shows the number of visits paid to hostels during 1968:-

HOSTELS	No. of children visited	No. of expectant mothers visited	No. of families visited	Total No. of visits to hostels
112 Moseley Street, 12.	86	4	60	22
Bourne House, 43 Trinity Road, 20.	39	6	19	47
306 Station Road, 33.	43	3	21	34
TOTALS	168	13	100	103

SUMMARY OF VISITS BY HEALTH VISITORS 1967 AND 1968

<i>Home Visiting</i>				1967	1968	<i>Increase</i>	<i>Decrease</i>
No. of area health visitors	...	...	...	116	118	2	—
Case load of children under 5 years	...	...	...	842	775	—	67
No. of Phenylketonuria tests	...	...	...	19,754	18,733	—	1,021
<i>(a) Routine visits to children under 5 years</i>							
Primary visits	...	...	...	22,421	21,635	—	786
Routine visits	0-12 months	...	...	58,857	52,469	—	6,388
	1 year	...	...	43,393	38,597	—	4,796
	2- 5 years	...	...	95,478	85,647	—	9,831
TOTAL	...	...	...	220,149	198,348	—	21,801
<i>(b) Special visits</i>							
	0-12 months	...	...	8,780	7,850	—	930
	1 year	...	...	2,270	7,268	4,998	—
	2- 5 years	...	...	4,648	4,756	108	—
<i>(c) Visits to expectant mothers - Primary visits</i>				2,028	3,132	—	572
Revisits and special visits				1,676			
<i>(d) Postnatal visits, etc.</i>							
Postnatal	...	...	...	249	478	229	—
Neonatal deaths	...	...	...	57	35	—	22
Stillbirths	...	...	...	47	36	—	11
<i>(e) Miscellaneous visits :—</i>							
Domiciliary deaf screening - effective visits	...	...	...	—	400	—	—
Scabies	...	...	...	566	646	80	—
Domestic helps	...	...	...	12	20	8	—
Children of school age	...	...	...	914	1,299	385	—
Adults (other than AN and PN)	...	...	...	2,558	3,009	451	—
Old people (women 65+: Men 65+)	...	...	...	4,597	3,947	—	650
Mentally disordered persons	...	...	...	461	440	—	21
Hospital follow-up (by area health visitors)	...	...	...	804	718	—	86
Infectious diseases (other than T.B.)	...	...	...	9	161	152	—
Tuberculosis visits by area health visitors	...	...	...	686	657	—	29
To general practitioners	...	...	...	248	327	79	—
Re insanitary conditions	...	...	...	68	36	—	32
Housing	...	...	...	85	110	25	—
Daily minders - N. & C.M. Act	...	...	...	1,078	1,360	282	—
<i>(f) Specialised work</i>							
Hospital follow-up visits by special visitors	...	...	...	2,102	2,024	—	78
GRAND TOTAL	...	...	...	254,092	237,057	—	17,035
TOTAL USELESS CALLS	...	...	...	53,660	41,856	—	11,804
<i>Hostels for the Homeless</i>							
No. of children visited	...	...	...	349	168	—	181
No. of expectant mothers visited	...	...	...	19	13	—	6
No. of families visited	...	...	...	204	100	—	104

<i>Work of the Health Visitors in General Practitioners' Surgeries</i>	1967	1968	<i>Increase</i>	<i>Decrease</i>
No. of Clinics attended by health visitors ...	1,286	1,211	—	75
Total attendances of children	7,100	6,844	—	256
0-12 months	5,350	5,040	—	310
1 year	963	1,061	98	—
2- 5 years	728	715	—	13
Over 5 years	50	28	—	31
Examined by general practitioners	3,853	3,906	53	—
Seen by health visitors only	3,247	2,938	—	309
Attendances for immunisation	6,169	5,891	—	278
Antenatal attendances	7,174	6,765	—	409
Postnatal attendances	573	548	—	25
Others adults seen	351	356	5	—
Attendances at health talks given by health visitors	2,334	1,926	—	408

HOME NURSING SERVICE

(Section 25 – National Health Service Act, 1946)

Attachment to General Practitioners' Practices

There has been a quiet revolution in the work of the district nurse, both in its content and in the manner in which it is carried out. The traditional picture of a district nurse cycling around a circumscribed area in all weathers, paying routine visits to bed-ridden patients, has changed dramatically. In December, 1963, 60% of nurses had motorised transport, 77% in 1968. With attachment to general practitioners, doctors now have their own district nurses who undertake nursing care of their patients and treat ambulant cases in their surgeries. The advantages are obvious. The nurse is identified with the practice as a nursing sister in the community and is no longer known as a Council House employee – indeed, often an ill-used name. Her interest is deepened by knowing in detail what the patient suffers from and the means of treatment. Nurses have almost daily consultations with the general practitioner; they are learning new and more interesting skills; they carry greater responsibilities and treat patients of all ages rather than the greatest proportion of their work being with the aged, as hitherto.

In July, 1967 the 31 district nurses working from Hall Green nursing centre were formed into teams of three or four and each team was attached to a group of doctors; there were 65 doctors in general practice whose surgeries were within the area covered by that nursing centre. When the scheme had been operating for six months a meeting between doctors and nurses was arranged in order to evaluate and discuss the project. The doctors expressed their warm appreciation of the new system. A number, however, sought clarification on the ways in which the nurses' services might be utilised. Some doctors felt the nurses already carried a heavy case load, and that to add to this would be unfair. During the ensuing discussion, valuable suggestions were made as to ways in which these difficulties might be overcome and both the administrative medical officer and nursing staff gained from this experience.

In the light of this it was decided to extend the scheme to the districts lying to the west of the Hall Green nursing centre area – Selly Oak, Harborne, Quinton, Bartley Green, Weoley Castle, Northfield, Kings Norton and Cotteridge. These districts are covered by nurses working from the Selly Oak nursing centre. Eighty general practitioners and 31 nurses were involved. A change was made, however, and instead of the nurses working in teams it was decided that they should work in pairs, which in general meant a state registered and a state enrolled nurse working together with a varying number of practices, depending on the

number of patients registered and on their nursing content. This arrangement seems to be an improvement on the team concept as it gives a more personal service. The enthusiastic reports of the nurses in the Hall Green attachment scheme made the inauguration of the Selly Oak scheme comparatively easy. Much to the satisfaction of both nurses and doctors, it was launched in September.

Further schemes are in the planning stages for the Aston, Kingstanding and Erdington areas and it is hoped by the end of 1969 to report that all nursing centres will have their nurses working with doctors in practice areas.

ATTACHMENT TO GROUP PRACTICES

In addition to the schemes described above, at the close of 1968 twelve group practices, which included 27 general practitioners working from four health centres, had 17 nurses attached. It is proposed not to make any further attachment on this basis but to include health centres and group practices in general attachment schemes.

As the following table shows, the work on practice premises has increased considerably:-

	Immunisations and vaccina- tions	Blood specimens	*Tests	Special treatments	Injections	†Visits	Total
1967	6,148	1,382	3,243	9,623	7,490	3,696	31,582
1968	13,691	2,416	4,905	16,760	10,538	4,717	53,027

*Tests include haemoglobin estimations, taking of electrocardiographs, blood pressure readings etc.

†Follow up visits on non-nursing cases.

Nechells Green Health Centre

The work carried out also shows an increase year by year:-

Treatments (not included in above totals)						
1962	1963	1964	1965	1966	1967	1968
10,491	11,266	11,777	12,177	11,923	11,995	13,563

A further eighty patients attended at the centre for emergency treatment.

COMPARISON OF MILEAGE AND WORK IN ATTACHMENT SCHEMES (HALL GREEN AREA)

Some objections have been raised to such schemes on the grounds that mileage will be increased considerably. A comparison is made below of the year 1966 when the nurses worked by district and 1968 when they were attached to practices:-

	1966		1968	
Total no. of patients nursed	2,890		3,107	
Total no. of visits paid	93,912		98,445	
	<i>Average No. of full and part-time nurses</i>	<i>Average No. of full and part-time nurses with cars</i>	<i>Average No. of miles per month per full and part-time nurse</i>	<i>Average No. of miles per month per full and part-time nurse using motor cycle</i>
1966	28	22	304	210
1968	30	22	336	147
				(approx.)

The average increase in mileage per month for all the nurses in this scheme over 1966 was approximately 1,560. The increased cost for mileage is then in the region of £40 per month. When the scheme is introduced to the City as a whole, the approximate increased cost will be about £3,300 per annum. Against this must be set the increasing number of immunisations carried out at general practitioners' surgeries, the concept of comprehensive community care and the increased efficiency of the service for the patient.

TOTAL CASES NURSED—AGE RANGE

There was an increase in the total number of domiciliary cases nursed as compared to 1967, most notably in the under 5 and over 65 year age groups.

	0 - 5 years	6 - 15 years	16 - 65 years	65 years +	Total
1967	1,196	536	7,396	9,708	18,836
1968	1,246	462	7,186	10,157	19,051

Total number of domiciliary visits by bathing attendants and district nurses:-

1962	1963	1964	1965	1966	1967	1968
616,074	622,343	631,836	636,923	621,808	621,462	638,003
(including non nursing visits)						

Night Nursing Service

This service deals mostly with emergency cases and has now been in operation for three years.

	1966	1967	1968
Cases	34	66	71
Visits	134	218	374
Night attendant	5	20	13

Voluntary Organisations

Our grateful thanks are given to the Association of Friends of Home Nursing in Birmingham who gave very generously to the needs of patients whose requirements lay outside the provisions of the statutory services.

The staff of the Department continues to administer, on behalf of the Marie Curie Memorial Foundation, a day and night nursing service and economic aid to patients suffering from cancer. During 1968, 11 nurses have been employed and 136 patients attended and a total of £1,662 13s. has been provided by the Foundation for this purpose.

District Nurse Training

Acting on advice given by the Department of Health and Social Security, neighbouring authorities not already committed were invited by Birmingham to form a "Regional Committee for District Nurse Training". A programme was formulated on training, on regional study days, on the circulation of the latest developments in district nursing among members etc.

In 1968, 31 state registered nurses entered the district nursing examination, 30 passed and were awarded the Certificate of the Department of Health and Social Security. Of the 31, 24 were training for Birmingham and 7 for other authorities. Nine state enrolled nurses took the ten week course of instruction in district nursing, all were successful in their final examination and were awarded the Certificate of the Queen's Institute. During the year, 17 members of staff attended refresher courses, one area superintendent took a Middle Management Course and the deputy superintendent of the service undertook successfully the Diploma in Nursing Administration at Aston University. Many members of the staff accepted invitations to attend post registration or post enrolment study days arranged by city hospitals. As the Home Nursing Service may in future be concerned with patients undergoing renal dialysis, a district nurse was sent to a hospital dialysis unit to undergo training for a six month period.

Pupil Nurse Training

Three groups of pupil nurses from the United Birmingham Hospitals, with an average of nine in each group, have spent four weeks on district training and 392 student nurses from city hospitals have accompanied district nurses on their rounds for a day.

Staff

The following table shows the number of nursing staff in post on 31st December, 1968, as compared with 31st December, 1967:—

	31st December, 1967			31st December, 1968		
	Full Time	Part Time	Total	Full Time	Part Time	Total
Superintendent	1	—	1	1	—	1
Deputy Superintendent ...	1	—	1	1	—	1
Area Superintendents ...	8	—	8	8	—	8
Assistant Superintendents...	2	—	2	2	—	2
Senior Nurses	8	—	8	7	—	7
S.R.N.'s with district training... ..	98	11	109	104	7	111
S.R.N.'s without district training	30	13	43	20	15	35
S.E.N.'s with district training... ..	43	5	48	42	4	46
S.E.N.'s without district training	5	—	5	11	—	11
Student nurses	—	5	5	—	5	5
TOTALS	196	34	230	196	31	227
Home Nursing Attendants	27	—	27	25	—	25
Full-time nurses seconded to work in the Geriatric section included in above	8	—	8	8	—	8

Home Nursing Attendants

During 1967, 39,633 visits were paid to 12,864 persons.

Children's Home Nursing Unit

The pattern of the Unit's work has changed with the clearance of slum property, respiratory illnesses continue to decline as well as streptococcal throat and staphylococcal skin infections; the incidence of this type

of infection is now much more marked in immigrant children. With close liaison with surgical teams, especially in the Children's Hospital, post operative cases, often demanding a high skill in nursing, are discharged early. Children on advanced drug therapy are nursed and checked at home with regular reporting back to the consultant in charge. With a demand for this type of nursing the staff has been increased to three to deal with such cases who are usually discharged to the better areas of the City. General trained nursing sisters in areas not covered by the Unit are encouraged to use the service in an advisory capacity.

Birmingham still remains unique in this field and many visitors both from this country and abroad come to study this particular scheme. During the year a member of the unit presented a paper on her work at a Paediatricians' Symposium in London arranged by the Association for the Study of Medical Education.

NEW CASES VISITED

	1966	1967	1968
Bronchitis, pneumonia, pleural effusion ...	366	248	255
Tonsillitis, otitis media, adenitis ...	164	97	68
Abscesses, boils and other skin conditions	117	107	105
Gastro-intestinal conditions, including enemas given ...	105	110	124
Infectious diseases ...	61	54	61
Disease of the central nervous system ...	11	7	12
Minor surgical ...	12	3	3
Diabetes mellitus ...	1	2	1
Pyrexia ...	59	26	53
Other medical conditions ...	71	108	113
Post-operative conditions ...	31	46	36
Orthopaedic conditions ...	—	5	4
Eye conditions ...	5	6	1
Burns and Scalds ...	10	8	8
TOTAL ...	1,013	827	844

Investigation and Supervisory Visits paid by District Nursing Staff 1968.

Supervisory visits paid by superintendents	2,335
Teaching visits paid by superintendents	540
Supervisory visits paid by senior nurses	1,226
Teaching visits paid by senior nurses	431
TOTAL:	<u>4,532</u>

Statistics

(1) CASES NURSED BY THE HOME NURSING SERVICE

(a) Number of patients attended

Cases on books, 1st January, 1968	...	...	...	...	...	4,506
New cases attended	...	...	...	...	...	14,545
Total cases attended	...	...	...	...	...	19,051

(b) Visits

Total visits to domiciliary cases (excluding home attendant cases)	...	...	...	...	591,653
Visits in connection with general practitioner attachment (non-nursing)	...	...	...	...	4,717
Investigation visits	...	...	...	...	2,030
Total	...	...	...	...	598,400

(c) Ages of patients

	<i>Cases on books</i>					<i>New cases</i>
	<i>1st Jan., 1968</i>					
Under 5 years	...	...	...	...	41	1,205
5-14 years	...	...	...	...	21	441
15-64 years	...	...	...	...	1,160	6,026
65 years and over	...	...	...	...	3,284	6,873
	<hr/>					<hr/>
	4,506					14,545

(d) Cases referred by

General Practitioners	...	...	...	...	...	10,809
Hospitals	...	...	...	...	...	3,224
Public Health Department	...	...	...	...	...	353
Transferred from other sources	...	...	...	...	...	159
	<hr/>					<hr/>
						14,545

(2) CLASSIFICATION BY DISEASE OR DISORDER OF NEW CASES DEALT WITH BY THE HOME NURSING SERVICE

(a) Medical

Arthritis	...	...	...	...	...	401
Respiratory conditions: Bronchitis	...	...	...	...	...	1,198
Pneumonia	...	...	...	...	...	222
Cardiac disease	...	...	...	...	...	630
Cerebral catastrophies	...	...	...	...	...	668
Diabetes	...	...	...	...	...	427
Malignant disease	...	...	...	...	...	991
Senility	...	...	...	...	...	740
Other medical conditions	...	...	...	...	...	3,652
Enemas administered	...	...	...	...	...	1,505
Mental illness	...	...	...	...	...	91
Mental subnormality	...	...	...	...	...	37

(b) Infectious diseases

Tuberculosis	...	...	...	...	...	130
Influenza	...	...	...	...	...	94
Whooping cough	...	...	...	...	...	3
Measles	...	...	...	...	...	104
Other notifiable diseases	...	...	...	...	...	19

(c) <i>Midwifery and Gynaecology</i>							
Puerperal pyrexia	...	...	...	...	...	...	8
Antenatal complications	...	...	...	...	...	...	269
Postnatal complications	...	...	...	...	...	...	80
Miscarriages	...	...	...	...	...	...	17
Conditions requiring pessary renewals	...	...	...	...	...	...	32
(d) <i>Surgical</i>							
Cases discharged from hospital	...	...	...	...	...	...	1,895
Operations at home	...	...	...	...	...	...	26
Treatment to ulcerated legs	...	...	...	...	...	...	601
Other dressings	...	...	...	...	...	...	705
							<hr/> 14,545 <hr/>

LOAN OF NURSING EQUIPMENT

(Section 28 National Health Service Act, 1946)

The number of articles of sick room and special equipment on loan during 1968 was 19,741 compared with 17,770 during 1967. After an increase of less than 1% reported for 1967 the increase in number of articles on loan during 1968 was 11.1%. Special equipment and apparatus on loan increased by 16.7% compared with 13.1% for the previous year.

The amount contributed in loans charges was £4,396, an increase of £912. The charges were revised on 1st January 1968 and monthly charges of less than 5/- were replaced by single payments collected when the equipment was loaned. The provision whereby no charge is made to cases of hardship was continued, which relieves from payment all persons whose income consists solely of Social Security Benefits or an equivalent income from other sources. As most of the smaller items of equipment are generally on loan for a short period only the use of a single payment in lieu of a small monthly charge has not materially affected the income. The higher income is attributed to the greater use of the service and to a reduction in the outstanding balances on the accounts.

It is not possible to give the true cost of levying these charges for the loan of equipment as the administrative work involved is closely integrated with the general clerical work of the section but a reasonable estimate of the expense involved would be 25% of the income received. It has been found in Birmingham that people rarely object to being asked to pay a small hiring charge. The effects of charging for the hire of equipment appear to be two-fold in that equipment is returned more readily after it is finished with to avoid further charges, and the user expects to receive for his money an item particularly suited to his needs.

The growth of the service during 1968 was in the loan of items more particularly associated with the care of the aged, a trend which has been very much in evidence for some years. Incontinence garments were added

to the list of approved items at the end of 1967 after a period of trial with various types, but difficulties were experienced with the fit of the garments and the suitability of the material used for disposable linings. It was found convenient to associate the distribution of the supplies of linings with the Domiciliary Laundry Service to provide for a service of collection of soiled linings where the user had no satisfactory means of disposal.

The number of enuresis units on loan increased but the reports received from 119 cases were less satisfactory with only 53% success compared with 62% in 1967. The sensitivity of the alarm units has caused some difficulties particularly when used with single contact pads – in one home with a very effective central heating system the continuing failure of alarms to operate was overcome by the use of an old type relay operated unit instead of the newer transistorised types. The single contact pads will be replaced with a mesh and a foil sheet interleaved with a cotton sheet if the trials show a greater reliability in operation.

<i>Age Group</i>	<i>Successful</i>	<i>Not Successful</i>
3 – 7	17	17
8 – 12	34	31
over 12	12	8
	<hr/> 63	<hr/> 56
	<hr/> <hr/>	<hr/> <hr/>

LOAN OF NURSING EQUIPMENT 1966–1968

(a) *Quantities of normal sickroom equipment on loan*

<i>during</i>						1966	1967	1968
Air rings and cushions	...	...	...	...	...	922	893	982
Back rests	...	...	...	...	...	1123	1045	1096
Bed pans	...	...	...	...	...	1714	1449	1549
Commodore	...	...	...	...	...	2996	3146	3539
Leg cradles	...	...	...	...	...	728	781	874
Mackintosh sheets	...	...	...	...	...	1589	1040	736
Sick feeders	...	...	...	...	...	115	122	131
Urinals	...	...	...	...	...	1038	952	1037
Miscellaneous items	...	...	...	...	...	161	165	256
						<hr/> 10386	<hr/> 9593	<hr/> 10200
						<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

(b) Quantities of special equipment on loan during						1966	1967	1968
Bedsteads ...	...	...	...	...	...	863	894	870
Self-operating tilting beds	...	...	...	...	...	4	3	3
Special mattresses	...	...	...	...	...	454	478	486
Ripple beds (Anti-decubiti)	...	...	...	...	...	20	34	48
Fracture boards	...	...	...	...	...	190	210	248
Lifting poles and chains	...	...	...	...	...	332	345	359
Crutches, pairs	...	...	...	...	...	193	149	165
Walking sticks	...	...	...	...	...	1520	1680	1941
Walking aids	...	...	...	...	...	792	1106	1471
Geriatric chairs	...	...	...	...	...	95	145	224
Lifting apparatus	...	...	...	...	...	34	49	63
Wheel chairs	...	...	...	...	...	1758	1813	1948
Merlin chairs (Self-propelling)	...	...	...	...	...	532	658	688
Enuresis units	...	...	...	...	...	212	224	243
Bath aids	...	...	...	...	...	229	389	544
Incontinence pants	...	...	...	...	...	—	—	240
						<hr/> 7228	<hr/> 8177	<hr/> 9541
						<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

DOMICILIARY LAUNDRY SERVICE

There were 770 new applications for the loan and laundering of linen during 1968, an increase of 27 compared with 1967. The amount paid in charges by the 1,068 persons receiving this service was £3,746.

The maximum charge for the service was increased from 10/- to 12/- per week on 1st January 1968 but no alteration was made to the scale of reduced charges for persons assessed according to income. The improved rates of Social Security Benefits introduced in October 1967 have resulted in higher assessments which are reflected in the increase of £550 in the income from the service. Applications for a reduced charge are made by approximately 90% of the persons receiving the service.

The number of disposable incontinence pads used during the year was 126,000 and the Health Department Laundry washed 90 tons of soiled linen.

		1966	1967	1968
Number of cases on books 1st January	...	266	275	298
New applications during year	... ..	718	743	770
TOTAL		<hr/> 984	<hr/> 1,018	<hr/> 1068
Cases removed from books during year	...	709	720	757
Number of cases on books 31st December	...	<hr/> 275	<hr/> 298	<hr/> 311
		<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

ANALYSIS OF CASES 1968

1968 Quarter ending	Number of 1968 applications	Service discontinued			Total
		Died	Hospital	Other reasons	
31st March	242	108	58	58	224
30th June	162	124	26	37	187
30th September	171	95	23	30	148
31st December	195	89	59	50	198
	770	416	166	175	757

LOAN OF FIREGUARDS

The number of fireguards issued during 1968 was 619, an increase of 43·6% compared with 1967.

It had been expected that the demand for this service would decline as a result of the re-development of the City and the extension of smoke control areas which has reduced the number of solid fuel heating appliances, but the dress guards fitted to some gas and electric appliances do not always give adequate protection to very young or senile persons. It has been found that an additional guard is necessary particularly for senile persons liable to falls and those who stand or sit very close to the fire unaware that their clothing is being scorched.

			1966	1967	1968
Number of guards on loan 1st January	...	...	1,461	1,521	1,475
Number issued during year	...	...	608	431	619
			<hr/>	<hr/>	<hr/>
			2,069	1,952	2,094
Number returned during year	...	...	548	477	455
			<hr/>	<hr/>	<hr/>
Number of guards on loan 31st December	...	...	1,521	1,475	1,639
			<hr/>	<hr/>	<hr/>

AMBULANCE SERVICE

(Section 27 – National Health Service Act, 1946)

A decrease in the demand was experienced in 1968 and it was possible to effect some economies by reducing the use of the British Red Cross Hospital Car Service and private hire cars as compared with the previous year. Greater use was made of the Directly Provided Service, the number of cases carried by that section of the Service being the highest recorded.

The grand total of patients conveyed by the Ambulance Service during 1968 was 572,655 compared with 582,811 in 1967.

The Hospital Removal Cases are shown in the following table:—

	1967	1968
Directly Provided Service	448,368	476,360
Hospital Car Service	39,494	25,401
Private Hire Cars	69,275	44,733
	557,137	546,494

The trend in the number of cases conveyed by directly provided ambulances of the Removals Section of the Service over the past four years is illustrated:—

Year	<i>Patients conveyed by directly provided ambulances of Hospital Removals Service</i>	<i>Comparison with previous year</i>	
		<i>Increase</i>	<i>Decrease</i>
1965	431,799	35,135	
1966	382,840		48,959
1967	448,368	65,528	
1968	476,360	27,992	

Detailed statistics under various classifications are shown in the following table, which also gives comparative figures for the past five years.

HOSPITAL REMOVAL AMBULANCES (DIRECTLY PROVIDED) COMPARATIVE ANNUAL TOTALS OF CASES CARRIED ACCORDING TO CLASSIFICATION

<i>Analysis</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
Clinic cases	311,459	349,949	306,607	369,861	397,822
Admissions	35,278	35,094	33,346	32,239	33,640
Discharges	31,216	29,385	25,844	29,380	27,384
Transfers	7,598	7,587	8,001	8,051	8,913
Emergency Maternity					
Service	130	98	110	110	98
Maternity	9,478	8,703	8,432	8,202	8,038
Out-Patient Unit,					
Monyhull, Mental	464	—*	—	—	—
Miscellaneous	1,041	983	500	525	465
TOTAL	396,664	431,799	382,840	448,368	476,360

Note : *As from 1st January, 1965 psychiatric cases are placed in other categories, i.e. admissions, discharges, clinics, etc.

TOTAL NUMBER OF PATIENTS DIVIDED INTO STRETCHER AND SITTING CASES

(Directly provided ambulances)

			1964	1965	1966	1967	1968
Stretcher cases	...	...	94,336	98,878	97,589	112,222	111,847
Sitting cases	...	...	302,328	332,921	285,251	336,146	364,513
TOTALS	...	...	396,664	431,799	382,840	448,368	476,360

Trends in this ratio over the past four years are shown:-

RATIO OF SITTING TO STRETCHER CASES

(Directly provided ambulances)

1965	3.36 : 1
1966	2.92 : 1
1967	2.99 : 1
1968	3.25 : 1

The principal variation in the classified analysis of the patients carried by directly provided ambulances of the Removals Service occurred as follows:-

Increase Clinic cases (all forms of out-patient treatment) ... 27,961

Accident Ambulances

Nine ambulances based on two Ambulance Depots and six Fire Stations continued to provide cover for accidents and other emergencies.

There was an increase in the number of calls and casualties carried by the Accident Section, the comparative figures being as follows:-

								1967	1968
Calls	...	...	...	...	...	...	...	28,146	29,458
Casualties	...	...	...	...	...	...	...	25,674	26,161

Under mutual assistance arrangements with neighbouring authorities, the Service provided accident ambulances in response to 20 incidents outside the city boundary.

A detailed analysis of calls, classified injuries, hospitals to which casualties were conveyed and the number of fatalities, with comparative figures for the previous year, is shown in the following tables:—

ACCIDENT AMBULANCE CALLS

LOCATION OF CALLS

	1967	1968
Street accidents involving vehicles	4,838	4,436
Factory accidents	1,066	1,238
Private houses	12,160	13,235
Offices	167	87
Shops and restaurants... ..	754	699
Outdoor (other than street accidents)	4,307	4,386
Licensed premises	611	709
Schools	590	695
Cinemas and theatres	77	65
Other premises	2,952	3,269
False alarms (malicious)	624	639
TOTAL	28,146	29,458

CLASSIFICATION OF INJURIES TO PATIENTS CARRIED IN AMBULANCES

	1967	1968
Fractures	1,535	1,796
Wounds	5,055	5,214
Collapse, fits, strokes	4,738	4,592
Abrasions and bruises	980	1,204
Gas poisoning	206	120
Drowning	13	8
Eye injuries	150	148
Dislocations and sprains	247	201
Hanging... ..	3	5
Concussion, shock	2,296	2,179
Haemorrhage	914	1,064
Scalds and burns	438	509
Poisoning	944	1,035
Not classified	8,155	8,086
TOTAL	25,674	26,161

DESTINATION OF CASUALTIES

	1967	1968
Accident Hospital	5,713	5,710
General Hospital	8,062	8,092
Selly Oak Hospital	3,883	3,919
Dudley Road Hospital	3,948	3,974
East Birmingham Hospital	2,396	2,754
Queen Elizabeth Hospital	269	264
Other Hospitals	1,243	1,321
Casualties actually carried in ambulances but not taken to hospital	160	127
TOTAL	25,674	26,161

ACCIDENT AMBULANCE CASES 1968

NUMBER OF PERSONS OF VARIOUS AGE GROUPS CARRIED IN ACCIDENT AMBULANCES
DURING EACH HOUR OF THE DAY

Age Group	HOURS OF THE DAY																								Total
	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	11-12	12-13	13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	21-22	22-23	23-24	Total
5 and under 5	78	47	31	26	17	12	20	24	52	61	105	162	218	223	206	256	242	198	215	165	143	106	109	101	2,817
6-10	24	11	10	7	2	4	8	8	62	41	63	80	134	144	117	143	177	152	132	109	69	51	40	26	1,614
11-15	18	17	7	7	2	4	5	19	62	59	77	118	126	151	142	140	168	122	98	95	86	96	58	39	1,716
16-20	90	106	58	43	25	28	20	72	126	122	99	107	134	155	139	189	176	190	161	154	170	188	356	366	3,274
21-25	167	132	86	50	31	35	36	68	81	74	73	92	117	111	131	136	130	133	121	114	117	118	216	370	2,739
26-30	148	80	71	49	41	24	23	54	73	59	64	72	74	79	110	100	79	82	86	70	87	104	145	211	1,985
31-35	92	56	34	32	18	19	15	26	46	53	50	72	48	57	69	56	68	72	52	64	59	82	105	153	1,398
36-40	68	51	28	18	26	13	15	41	47	43	62	59	59	68	83	82	66	58	56	52	66	49	102	130	1,342
41-45	70	43	30	24	18	10	20	48	47	50	56	56	56	58	66	80	61	71	43	39	59	61	87	134	1,287
46-50	49	31	24	18	12	23	15	40	55	68	60	96	77	69	74	86	75	61	70	48	74	49	99	91	1,364
51-55	41	26	11	8	12	7	23	44	56	55	55	65	73	65	66	78	59	58	51	47	51	42	84	113	1,190
56-60	46	26	21	11	8	13	18	41	47	69	70	85	87	90	82	71	73	87	67	58	50	58	76	90	1,344
61-65	28	16	13	10	13	16	17	46	32	40	59	83	79	64	74	61	63	65	41	47	48	41	76	57	1,089
66-70	23	18	10	10	8	4	9	21	22	39	53	46	62	71	75	65	59	43	25	31	36	36	37	43	846
Over 70	47	39	15	15	17	12	24	46	58	89	58	110	189	157	138	149	120	106	73	63	79	77	74	66	1,821
Unknown Age	14	9	6	5	6	3	4	9	10	8	10	11	24	17	15	37	11	10	19	18	13	18	28	30	335
TOTAL	1,047	713	455	333	203	171	250	370	652	700	1,047	1,398	1,716	1,985	2,064	2,281	2,190	2,064	1,985	1,716	1,398	1,047	713	455	333

FATALITIES

	1967	1968
Number of persons found dead on arrival of ambulances	401	410

METHOD OF TRANSMISSION OF CALLS

	1968
G.P.O. "999" system	24,412
Police Information Room	2,465
Exchange telephone	1,697
Private wire telephone	81
Messenger	192
Radio	257
Observed by ambulance crew	354
TOTAL ...	29,458

Ambulance Fleet

This was as follows:—

Dual-purpose (stretcher) ambulances	76
Sitting case ambulances	30
Sitting case cars	1
Ambulance coach (30-seater)	1
Ambulance coaches (20-seater)	6

Conveyance of Patients by Rail

Wherever possible, long distance cases were conveyed on the ambulance/rail/ambulance basis. Some 386 cases were carried during the year as compared with 423 the previous year.

Service ambulances were provided at the request of other local health authorities to meet trains at city railway stations and transport some 323 patients either to final destinations or to other railway stations to continue journeys.

Organisational Changes

The basic organisation of the Ambulance Service remained unaltered during the year. The establishment of the operational staff was frozen at 262 and the strength remained below this figure during the year resulting in economies having to be made.

The advance planning of non-emergency ambulance journeys was extended, by co-operation with the hospitals, to thirty six hours ahead. This has made it possible to effect considerable economies.

A Mobile Coronary Care Unit was set up during the year by the Regional Hospital Board, and the Ambulance Service has co-operated by the provision of an ambulance vehicle to convey specialists and equipment from the hospital to the incidents. This operates along similar lines to the Emergency Maternity Service.

Mutual Assistance

Some 69,646 patients were conveyed on over-the-border journeys during the year, either outwards from the City or inwards to the City, in pursuance of a policy of the utmost co-operation with neighbouring authorities to secure economy in the use of ambulances.

A Mutual Aid Scheme was introduced with neighbouring county borough ambulance services to co-ordinate ambulance journeys and 70 patients were carried on a non-chargeable basis for other authorities and 84 patients were carried on behalf of this Authority.

Maternity Cases

A further decrease occurred in the number of maternity cases conveyed from home addresses to various maternity hospitals during the year, the total being 8,038 as against 8,202 the previous year.

There were 98 calls for ambulances for the Emergency Maternity Service operated by the Birmingham Maternity Hospital, as compared with 110 in the previous year. Some 63,432 cases were conveyed to and from Marston Green Maternity Hospital by the ambulance coach for out-patient treatment. This represents an increase of 8,289 on the figure of 55,143 for the previous year.

Mileage

The following table shows the division of mileage into the Sections of the Service over the past five years:—

		1964	1965	1966	1967	1968
Hospital Removal						
Ambulances	...	1,718,930	1,665,998	1,553,945	1,684,443	1,632,272
Accident Ambulances	...	134,122	145,405	149,382	164,738	169,625
		1,853,052	1,811,403	1,703,327	1,849,181	1,801,897

Hospital Removal and Outposted Ambulances

The following table shows the average miles per patient carried over the last five years:—

	<i>Cases Carried</i>	<i>Mileage</i>	<i>Miles per Patient</i>
<i>Year</i>	<i>Monthly Average</i>	<i>Monthly Average</i>	<i>Average</i>
1964	33,055	143,244	4.33
1965	35,983	138,833	3.85
1966	31,903	129,495	4.05
1967	37,364	140,370	3.75
1968	39,697	136,023	3.42

Staff

Details of the establishment and strength of the Ambulance Service at the end of 1967 are as follows:—

<i>Strength at 31.12.68</i>				
<i>Operational and Depot Staff</i>	<i>Establishment</i>	<i>Men</i>	<i>Women</i>	<i>Total</i>
Ambulance Officer	1	1	—	1
Deputy Ambulance Officer and Hospital Liaison Officer ...	1	1	—	1
Ambulance Depot Superintendents ...	2	2	—	2
Ambulance Training Officer	1	1	—	1
Section Officers... ..	10	10	—	10
Clerks	6	1	4	5
Storekeeper	1	1	—	1
Depot Drivers	3	3	—	3
Depot Assistants	3	3	—	3
Ambulance Cleaners	13	6	—	6
Cooks and Cleaners	3 full-time	—	3 full-time	3 F/T
	3 part-time	—	3 part-time	3 P/T
Leading Drivers	22	20	—	20
Drivers and Attendants	254	193	14	207

Ambulance Control

Ambulance Control Officer	1	1	—	1
Section Officers... ..	6	6	—	6
Senior Leading Control Operative	1	—	1	1
Leading Control Operatives	3	—	3	3
Control Operatives	32	3	30*	33*

* includes 4 part-time

Bed Bureau

There was an increase in the number of requests placed with the Emergency Bed Bureau operated by the Ambulance Service on behalf of the Birmingham Regional Hospital Board. 14,716 requests were received from general practitioners, etc., beds being obtained in 14,002 of these cases.

The figures for the previous year were 14,448 requests, beds being obtained in 13,827 cases.

Voluntary Service

HOSPITAL CAR SERVICE

Assistance was again given by the British Red Cross Hospital Car Service as is illustrated by the following table:—

								1967	1968
Patients	...	...	...	...	...	...	...	39,494	25,401
Mileage ...	...	...	...	...	...	...	...	315,891	176,568

ST. JOHN AMBULANCE BRIGADE

Continued valuable assistance was given by the St. John Ambulance Brigade in providing ambulance crews for additional cover at certain periods, whilst the Service is again indebted to those voluntary members of the St. John Ambulance Brigade, the British Red Cross Society and the Women's Royal Voluntary Services, who acted as escorts for patients conveyed by rail.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28 – National Health Service Act, 1946)

CARE OF THE AGED

The provision of adequate care for our increasing numbers of elderly citizens is one of the biggest challenges that Western civilization has to meet during the second half of the 20th century. The concepts of the needs and desires of the elderly, as determined by younger generations, may at times be at variance with the actual needs and desires expressed by the older people themselves, but adequate medical care, a reasonable standard of housing, warmth, sufficient food, the maintenance of social contact, personal dignity and mental stimulus, are basic needs at all ages of man. However, circumstances may at times make it impossible for an elderly person to meet one or more of these needs and if in addition the person is sick, then the geriatric health visitors' particular skills may well be needed.

During 1968, the section of this Department dealing entirely with the aged has been under considerable pressure. An 18 per cent increase in the numbers of new cases referred from all sources, together with the increasing longevity resultant on better nutrition, medical care etc., and a greater rate of referral from hospitals of patients about to be discharged, has meant that in spite of an active policy of transferring cases to other agencies whenever possible, the section staff have frequently been unable to cope with necessary routine visiting. New cases and persons known to be specially at risk have usually been visited, but at 31st December, 1968, 2,309 cases were overdue for a visit. Failure to maintain routine visiting often results in breakdowns which it might have been possible to avert by regular visiting. This creates more pressure on other overworked statutory and voluntary services.

It is therefore hoped that during 1969 a way may be found of relieving the geriatric health visitors of routine visiting and allowing their special skills to be used to full advantage in assessment of new cases, liaison with hospitals and advising colleagues in other fields of work on special problems.

The reorganisation of the City into six visiting areas for geriatric health visiting in August, 1967, appears to have helped towards much closer co-operation with colleagues in other local authority and voluntary services. By working from the same premises, an increasing appreciation on both sides of each others' special skills has been fostered and has resulted in the best possible use being made of existing fully stretched services.

An analysis of persons currently supervised by geriatric health visiting staff at 31st December, 1968 **excluding** cases closed during the year or transferred to other agencies, is as follows. It shows an overall increase of 23 per cent in the case load as compared with 1967:-

						1966	1967	1968
Women	...	...	...	...	...	3,178	3,845	4,794
Men	...	...	...	...	...	1,782	1,432	1,712
Living alone	...	...	...	...	...	2,719	2,610	3,107
Living with another old person	...	...	...	...	...	3,172	1,752	2,402
Living with relatives or friends	...	...	...	...	...	869	915	997
Requiring intensive visiting	...	...	...	...	...	792	523	537
Mentally disturbed	...	...	...	...	...	482	407	448

In 1967 51 per cent of cases under supervision were over 75 years of age and 1 in 5 of these persons was over 85 years of age. In 1968 3,611 persons out of the total of 6,506 being visited were over 75 years of age – i.e. 56 per cent of the total case load and, of these 801 persons or 22 per cent were over 85 years of age with approximately 1 in 5 of the 85+ group being over 90 years of age.

During 1968, in accordance with the section's policy of transferring cases to other agencies for supervision where possible, a total of 1,337 cases was transferred as follows:-

To area health visitors	...	...	...	...	...	...	143
To Home Nursing Service	...	...	...	...	...	...	541
To Mental Health Section P.H.D.	...	...	...	...	...	...	60
To social welfare officers	...	...	...	...	...	...	530
To blind welfare officers	...	...	...	...	...	...	39
To other statutory bodies	...	...	...	...	...	...	7
To voluntary organisations	...	...	...	...	...	...	17

In addition, during the year a total of 446 cases visited by the geriatric health visitors was closed, being considered not to need further supervision at this stage. These were generally cases with good family support.

At the close of 1968 a total of 57 persons being visited by geriatric health visitors was known to be also visited by social welfare officers as, after consultation, the workers concerned felt that the skills of both were required in these particular situations.

Preventive Geriatric Clinics

The three existing general practitioner clinics in the city continued during 1968, but two further clinics which general practitioners had expected to open during 1968 have not yet been commenced.

Liaison with Voluntary Organisations

The section staff have continued to value very highly the close and willing co-operation given by the staffs of various voluntary organisations in the City during 1968. The Birmingham Council for Old People now has 16 day centres and three all day clubs in various parts of the City.

The help they afford in maintaining social contact for old people is considerable. The Meals on Wheels Service, run by the W.R.V.S., Birmingham Council for Old People and Birmingham Council of Social Service, delivered 114,897 meals during the year, an increase of 7,463 compared with 1967. The Birmingham Council of Social Service Voluntary Visiting Service for Old People continues to give a much appreciated service and its 1,020 visitors, including children and young people from 63 schools, regularly visit over 4,000 old people, many of them referred by geriatric health visitors.

The section continues to be represented on a number of committees concerned with the aged and in particular the newly constituted Joint Nursing Homes Admissions Committee of Birmingham Council for Old People which administers their two nursing homes.

Register of Old People at Risk

During 1968, geriatric health visitors made 3,236 telephone calls to the Register for information – this is indicative of the valuable help that this Register has proved to be in correlating information concerning agencies involved with a particular old person. During the year 225 requests for help were received in the section from the Register and the disposal of these was as follows:-

To geriatric health visitors	...	...	...	...	...	...	52
To area health visitors	...	...	...	...	...	...	7
To District Nursing Service	...	...	...	...	...	...	7
To Home Help Section	...	...	...	...	...	...	42
To Birmingham Council for Old People (Chiropody)	...	...	...	...	...	...	110
To Loan of Equipment Section	...	...	...	...	...	...	7
							<hr/> 225 <hr/>

The home help, district nursing and geriatric health visiting sections of the Department continue to supply a weekly list to the Register of all “new cases” and “cases ceased”.

During 1968, 55 pupil nurses accompanied geriatric health visitors for a session of geriatric visiting experience. Newly qualified health visitors also spent half a day with their area geriatric health visitor.

The close liaison with geriatric and general hospitals in the area, especially with the medical social workers at these hospitals, has continued. The section was also involved in a survey undertaken by a consultant physician in the City to determine the feasibility of accelerating the discharge home of elderly patients in "acute" beds. This survey is to continue during 1969.

Bacchus Road Bathing Station

This station continues to provide facilities for bathing elderly persons who might otherwise be unable to maintain standards of cleanliness. The acquisition of a new taxi during the year has helped in the maintenance of a regular service. 120 persons attended the baths during the year and a total of 1,467 baths were given, an increase of 109 over 1967.

The needs of the sick, frail elderly are not being fully met at present, in spite of the constant and untiring efforts made by statutory and voluntary organisations to make the best and most economical use of available resources. Much more voluntary effort will need to come from the community, otherwise the demand cannot be met.

Alternatively this situation will continue and possibly deteriorate unless more finance is made available at national and local levels to provide necessary services in this field.

Chiropody Services

Chiropody services for the aged were shared until 1st October, 1968 between the Public Health Department and the Birmingham Council for Old People, acting on an agency basis. An opportunity arose to cost out in detail treatments as carried out by the Public Health Department compared to those carried out by the Birmingham Council for Old People. It was found that the Birmingham Council for Old People's service was cheaper than that of the Public Health Department, principally on account of the voluntary help used by the former. After negotiations the Birmingham Council for Old People kindly agreed to take over the total chiropody services for the aged. There were a number of advantages: this method reduced mileage and transport costs as it provided a number of extra chiropody surgeries where old people could call, since the Birmingham Council for Old People employed more chiropodists to meet the increased demand. The new arrangement should provide a chiropody service for approximately seven per cent more patients at the same cost.

No. of persons treated during year ended 31st December, 1968, 7,791

No. of treatments given during year ended 31st December, 1968, 20,014

No. of treatments given during year ended 31st December, 1967, 18,697

Statistics

1. *Bacchus Road Bathing Service*

Total no. of patients bathed regularly		120
Total no. of new cases: Male	30	
Female	22	52
Total carried forward from 1967		68
Total no. of baths given: Male	457	
Female	1010	1,467
Average no. of baths per person		12.2

	1966	1967	1968
2. Cases on visiting list on 1st January ...	6,759	4,960*	5,277*
New cases added during the year ...	2,586	3,061	3,611
Cases remaining on visiting list at the 31st December	6,759	5,277*	6,506*
Cases to whom visiting ceased on death, admission to hospital, etc.	1,519	1,019	2,332
Cases referred to Welfare Department...	381	833	569
Total visits paid by section	13,580	19,286	18,798
Total visits paid by health visitors (field)	4,707	4,605	3,947
Consultations with Special health visitors	19,730	15,212	17,286
Consultation with clerks no record		10,072	12,344

*A change in statistical annotation. The figures now given refer to those people under active surveillance and not, as in previous years, including people transferred for surveillance to Welfare Department, etc.

3. ANALYSIS OF NEW CASES DURING 1968 TOTAL - 3,611

		Number	%
SEX	Male	1,230	34.06
	Female	2,381	65.94
AGE (YEARS)	60 - 64	414	11.46
	65 - 74	1,349	37.36
	75 - 84	1,411	39.07
	85+	431	11.94
	Not known	6	0.17
CIVIL STATE	Married	1,368	37.89
	Widowed	1,785	49.43
	Single	424	11.74
	Apart	33	0.91
	Not known	1	0.03
HOUSEHOLD CIRCUMSTANCES	Living alone	1,318	36.50
	Living with relatives ...	824	22.82
	Living with spouse ...	1,346	37.28
	Living in lodgings ...	116	3.21
	Living with friends	4	0.11
	In hospital	3	0.08

HOSPITAL FOLLOW-UP WORK BY HEALTH VISITORS

Eight health visitors were attached on a sessional basis to six hospitals for specialised work with the hospital consultants, medical social workers and nursing staff. These health visitors were able to relay information to area health visitors and provided the liaison that is so often necessary when a child receives treatment at more than one hospital, e.g. a child born with multiple congenital abnormalities.

The health visitor attached to the Children's Hospital was concerned with children who had been acutely and chronically ill. Her referrals came from all departments of the hospital and she was kept informed of suspected cases of the battered baby syndrome which were admitted to hospital.

Dudley Road Hospital attached the health visitor mainly to two paediatricians but the medical social workers also referred adult patients to her. It was interesting to note that on her hospital rounds she found some child patients who referred themselves to her for help. In one instance a young boy suffering from haemophilia reported he would have to return home to a sub-standard house which aggravated his condition. On visiting this damp and overcrowded house the health visitor found that this poor boy with both legs stiffened with haemarthrosis had to climb eight steep steps to reach his front door. Intensive efforts were made to get this family rehoused. Children with chronic disease were discharged home from this hospital as early as possible. The health visitor was able to supervise drug therapy, urine testing and weighing and other procedures in the home carried out by parents or child diabetics who were eager to be taught to care for themselves.

The General Hospital had a health visitor attached to the diabetic clinic to follow-up patients with social problems and to give group health education on diabetes.

The Queen Elizabeth Hospital attached one health visitor to follow-up patients suffering from progressive or fatal disease such as cancer, cerebral disorder, neurological, haematological or arthritic disease. Another health visitor was attached to the research unit at this hospital where she visited persistent defaulters from the Women's Hospital who had suspicious or or positive cervical smears. Davis Kits were issued by this health visitor and several positive and suspicious smears have been detected in this way.

Selly Oak Hospital had two health visitors attached to the paediatric unit and diabetic clinic and one health visitor was attached to the Royal Orthopaedic Hospital where she paid visits to patients of a wide age range with crippling diseases of bones and joints.

WORK OF THE HOSPITAL FOLLOW-UP VISITORS

<i>Hospitals</i>	<i>Sessions at hospitals</i>	<i>Visiting sessions</i>	<i>Individual patients visited</i>	<i>Visits to patients' homes, ev.</i>
Children's	50	49	62	220
Dudley Road	84	69	161	264
General (Diabetic) ...	39	61	221	268
Queen Elizabeth (1.) ...	69	77	271	404
Queen Elizabeth (Cervical Cytology (2.)) ...	11	23	69	93
Royal Orthopaedic ...	40	73	253	273
Selly Oak Paediatric ...	42	79	110	244
Diabetic ...	40	40	113	125
Total	375	471	1,260	1,891

Tuberculosis Visiting

Health visitors at six peripheral clinics continued to include tuberculosis with their general health visiting and a total of 737 visits were paid during the year.

NATIONAL ASSISTANCE ACTS, 1948 & 1951

COMPULSORY REMOVAL

Many elderly people living alone, often in very poor housing conditions and living at a distance from relatives, have been referred to the Department under the National Assistance Acts. With any progression in their frailty, with illness or undernourishment, they become seriously at risk. It is pleasant to report that none of these cases have been removed compulsorily. The provisions of the Act did not apply to some, in others the persuasive powers of the general practitioners and the geriatric health visitors either made voluntary admission to hospital possible or brought about adequate domiciliary help to those who had hitherto been reluctant to accept such help.

RECUPERATIVE CONVALESCENCE

During 1968, 296 applications for convalescence were dealt with by the Department, compared with 336 applications in 1967. As in previous years, the majority of applicants were referred by their general practitioners. Women applicants were more than twice as numerous as men. Many enquiries, not included in the above figures, were received without the support of a medical certificate; medical evidence did not materialise and the applications were not recorded.

Of the 296 applicants, 182 were sent to convalescent homes. The Birmingham Hospital Saturday Fund accommodated 150 and 32 were sent to homes more suitable to their individual needs. Of the remaining 114, 31 applications were cancelled, mostly by the patients themselves and some by the Department after applicants failed to respond to any communications, or were found to be eligible to go free of charge under direct contributions to the Birmingham Hospital Saturday Fund. In the latter cases, applicants were instructed to apply to the firms where the contributions were made. After further reference to the general practitioners concerned, 83 applicants were refused as not coming within the Health Committee's terms of reference for recuperative convalescence, (i.e. a recent acute illness or operation or special circumstances which have caused mental or physical ill health).

The following table gives the ages and sex of patients who took convalescence in 1968.

								1968	1967	1966
<i>Age</i>		<i>0-4</i>	<i>5-15</i>	<i>16-44</i>	<i>45-64</i>	<i>65-74</i>	<i>75+</i>	<i>Total</i>	<i>Total</i>	<i>Total</i>
Males	...	1	11	2	18	16	6	54	48	33
Females	...	-	6	18	33	38	33	128	152	129

As in previous years, applications were received from people in the 65+ age group who, although in reasonably good health, had not been able to afford a holiday for many years. Voluntary organisations who arrange spring and autumn holidays for old people at reasonable charges were suggested to such applicants, but in most cases their very limited financial resources precluded them from going any further in the matter. Where people in this age group were eligible for convalescence, age proved no obstacle to acceptance.

The table below shows, in relation to each medical category, the number who applied for convalescence and the number who were accepted.

							<i>Applied</i>	<i>Accepted</i>
Respiratory disease ...	...	...	...	...	...	...	57	41
Debility ...	...	...	...	...	...	...	43	13
Post-operative ...	...	...	...	...	...	...	59	49
Rheumatism and arthritis ...	...	...	...	...	...	...	17	8
Mental illness ...	...	...	...	...	...	...	13	6
Organic nervous disease ...	...	...	...	...	...	...	6	4
Heart disease ...	...	...	...	...	...	...	20	11
Gastro-intestinal disorder ...	...	...	...	...	...	...	7	5
Anaemia ...	...	...	...	...	...	...	9	4
Accident ...	...	...	...	...	...	...	—	—
Hypertension ...	...	...	...	...	...	...	10	4
Ulcers, peptic ...	...	...	...	...	...	...	—	—
Tuberculosis ...	...	...	...	...	...	...	—	—
Arteriosclerosis ...	...	...	...	...	...	...	—	—
Senility ...	...	...	...	...	...	...	1	—
Miscellaneous ...	...	...	...	...	...	...	54	37

HEALTH EDUCATION

1. Health Education for the General Public

The Health Education Section continued during the year to provide a wide range of services in an attempt to meet the ever increasing demands for its expertise. The further development of the section, as of so many services, was however, prevented by financial stringency.

(a) CANCER EDUCATION

Interest in and response to the Cancer Education Programme continued during the year, with many requests from organisations in the City. The Health Education Section arranged for a further series of four lectures:- 'The Cancer Story', 'Cervical Cytology', 'Breast Self-Examination' and 'Smoking and Health', held at five selected personal and child health centres, as in previous years, to ensure a comprehensive coverage of the City. A publicity campaign drawing attention to cervical cytology clinics resulted in renewed interest by members of the public and greatly increased waiting lists for these clinics. The campaign took the form of insertions in the press, supported by a widespread distribution of posters and leaflets (each leaflet containing an appointment card and addressed envelope) to personal and child health centres, nurseries, public libraries and other public buildings, general practitioners and industrial medical officers. A further 5,000 leaflets in the Asian languages were also distributed. Talks on the subjects were requested from various organisations in the City. Leaflets on breast self-examination were distributed through various outlets i.e. public libraries, personal and child health centres, hospitals, nurseries and industry. Numerous requests for talks were received.

In conjunction with the Seventh Day Adventist Health Education Service, a most successful Five-Day Plan Anti-Smoking Clinic was organised by the Health Education Section and held in Baskerville House from the 6th-10th May, 1968.

To assess the Clinic, questionnaires were issued to the 169 participants. Questionnaires were returned by 112 people, of whom 100 had given up smoking and 11 had reduced considerably: one non-smoker who attended also returned a questionnaire.

(b) IMMUNISATION

In May, 1968, a Ministry of Health notice, encouraging measles vaccination, was circulated to local authorities. The Ministry of Health made available a plentiful supply of publicity material and the Health Education Section distributed 20,000 leaflets and 1,000 posters to personal and child health centres, nurseries, general practitioners, industrial medical officers and public libraries.

(c) ADULT GROUPS

Representatives of organisations in the City were invited to the Health Education Section, as in previous years, to encourage their interest in particular topics which the Health Department wished to emphasise. Subjects discussed included cancer education, hypothermia and home safety. These meetings, held on one afternoon and one evening, have been most rewarding, resulting in a substantial response from the various organisations. This is shown by the demand for talks on 'Cancer Education' (30 requests), 'Home Safety' (29 requests), 'Smoking and Health' (23 requests) and 'Emergency Resuscitation' (21 requests), which were the four most popular subjects in 1968.

(d) ASIAN IMMIGRANTS

Weekly health education classes for non-English speaking immigrants continued at Lansdowne Street Personal and Child Health Centre. These classes were conducted by the health visiting staff at the centre in conjunction with an interpreter provided by the Aston College of Further Education. Talks, films and demonstrations on a variety of subjects were presented, and included, 'Cancer Education', 'Personal Hygiene', 'Food and Health', 'Emergency Resuscitation' and 'Home Safety'. An average of 30 Asian women attended the classes.

(e) WINSON GREEN PRISON

Health Education lectures continued throughout the year. Subjects included; 'Personal and Community Health', 'Smoking and Health', 'Venereal Disease' and 'Relationships and Responsibilities'.

(f) YOUTH GROUPS

DUKE OF EDINBURGH AWARD SCHEME

This year seven courses were organised by the Section for participants in the Duke of Edinburgh Award Scheme. Subjects included 'Home Nursing', 'Home Safety,' Mothercraft' and 'Design for Living.'

Participants were from the following organisations:-

Perry Barr Rangers, Saltley Venture Scouts, Queensbridge School, Swanshurst Grammar School, Birmingham Banks, Carlson House and St. John's Approved School (Girls).

INDUSTRIAL APPRENTICES

Two courses on 'Personal Relationships and Responsibilities' were arranged for apprentices of the Dunlop Rubber Company and Cammell Laird (Metro) Ltd.

APPROVED SCHOOLS

Courses were arranged for the senior boys of Shawbury Approved School on 'Personal Relationships and Responsibilities' and for St. John's Approved School (Girls) on 'Home Nursing', 'Parentcraft' and 'Home Safety'. Many of the girls of St. John's Approved School took part in the Duke of Edinburgh Award Scheme.

BEECHCROFT – HOME FOR UNMARRIED MOTHERS

Courses on 'Personal Hygiene' and 'Relationships and Responsibilities' were arranged for the girls at Beechcroft.

CARPENTER HOUSE – PROBATION HOSTEL

A course on 'Relationships and Responsibilities' was organised for the girls at Carpenter House. Subjects included 'Personal Hygiene', 'Personal Health Services', 'Venereal Disease' and 'Smoking and Health'.

The number of talks given to the general public was 544 (adults 391, youth groups 153)

2. Health Education in Schools and Colleges

(a) PRIMARY AND SECONDARY SCHOOLS

The need to present the principles of health early and continuously makes the school programme a health education priority. The programme is organised by the Health Education staff and carried out by school health visitors, health visitors and male and female home nurses.

In primary schools the syllabus covers simple anatomy and physiology and the Seven Rules of Health, these are Fresh Air and Sunlight, Exercise, Sleep, Food, Clothing, Cleanliness and Recreation.

The numbers of primary schools requesting the facilities of the Health Education school lecture services have increased during the year..

The programme is introduced in the secondary modern schools mainly in the first and fourth years. The first year syllabus comprises personal hygiene and instruction on how the body works, whilst in the fourth year particular attention is paid to development of good human relationships with emphasis on responsibility, and reproduction. Subjects include, 'Smoking and Health', 'Venereal Disease' and 'Home Safety'.

(b) GRAMMAR SCHOOLS—ENVIRONMENTAL HEALTH COURSE

A valuable course on environmental health was held in the Health Education lecture room, attended by sixth formers from:-

Lordswood Grammar School, Edgbaston Church of England College, Edgbaston High School, King Edward Grammar School, King Edward VI Camp Hill Grammar School and King Edward VI High School.

The programme included lectures on 'The Work of the Public Health Inspector', 'Sanitation and Water', 'Food Hygiene', 'Infectious Disease', and 'Health, Housing and the Neighbourhood'. Visits of observation to Lifford Lane Salvage Works, Frankley Water Works, food premises and housing areas were arranged.

The year showed an increase in the number of schools participating and other grammar schools have expressed an interest in the course for 1969. Because of the large numbers involved, an individual course on similar lines was arranged for Kings Norton Grammar School.

(c) SPECIAL COURSES

Courses were arranged for the following:-

Bordesley College of Education: a course on Community Health for a group of student teachers, as part of their Local Government studies. Subjects included 'The Personal and Environmental Health Services' and 'Housing'. Observation visits were arranged to the City Analyst's and Chief Veterinary Officer's Sections.

Erdington Technical College of Further Education: two courses were arranged for students on 'Safety and Hygiene' and 'Home Nursing'.

Selly Oak Boys: lectures were arranged on 'Health and Hygiene' and included 'Venereal Disease' and 'Smoking and Health'.

City of Birmingham College of Education: a series of lectures was arranged for students from the City of Birmingham College of Education. Subjects included 'The Personal Health Services', 'Mental Health' and 'Venereal Disease'.

St. Peters College, Saltley: talks on 'Health Education' were arranged for two groups of student teachers and included 'Health Education Media', 'Smoking and Health' and 'Cancer Education'.

Westhill College: lectures on 'Health Education' in Trafalgar House were held for two groups of 50 students from Westhill College and included 'Mass Media', 'Visual Aids' and 'Principles and Aims of Health Education'.

3. Health Education for Professional Groups:

(a) STUDENT NURSES

Lectures and discussions, undertaken by public health staff were arranged for students at the various hospitals in the City. Subjects included 'Health Education', 'Environmental Health Services', 'Personal Health Services' and 'Mental Health Services'.

(b) THIRD YEAR PSYCHIATRIC NURSES

Three courses on Community Care were arranged this year for students from All Saints, Hollymoor, Highcroft Hall, Rubery and Barnsley Hall Hospitals. Subjects included 'Personal, Environmental and Mental Health Services' and 'Housing in Relation to Mental Health',

Observation visits were made with home nursing staff and public health inspectors to housing areas and food premises and Nechells Health Centre. A total of 81 students participated.

(c) PUBLIC HEALTH INSPECTOR STUDENTS

A course on 'Health Education' was arranged for the pupil inspectors. Subjects included 'Principles and Aims of Health Education', 'Effective Speaking' and 'Visual Aids'.

(d) POLICEWOMEN TRAINING SCHOOL

The Health Education Section, as in previous years, arranged a series of lectures for policewomen cadets at the Tally-ho Training Centre. Subjects included the 'Personal and Mental Health Services' and 'Venereal Disease'.

(e) IN-SERVICE STUDY

A series of lectures arranged for Welfare Department staff of residential homes and undertaken by Public Health staff was held at the Good Rest Home, Rubery. Subjects included 'Home Nursing', 'Home Safety', 'First Aid' and 'Emergency Resuscitation'.

(f) EFFECTIVE SPEAKING STUDY DAYS

In conjunction with the Central Council for Health Education, the Health Education Section arranged a two day course on the 15th and 16th May. Held in Trafalgar House, the course included group control and participation, and use of audio-visual aids. Talks were prepared by the participants on current subjects related to health education and presented for constructive criticism. Fifty members of staff from the Home Nursing, Health Visiting, Home Help, School Health and Public Health Inspectors Sections of the Department attended the course.

(g) HOME NURSING STAFF STUDY DAYS

The Health Education Section arranged a study day for Senior Nurses on the 23rd October, 1968 and Superintendents on the 6th March, 1968.

The course was held at the Central District Nurses Home and the subjects included 'Priorities of Administration', 'Discussion on the Seeböhm Report and the Green Paper' and the 'Psychology of Administration'. A visit of observation was made to All Saints Hospital.

(h) CENTRAL COUNCIL FOR HEALTH EDUCATION IN-SERVICE COURSE
– WARLEY COUNTY BOROUGH

At the invitation of Dr. Dodds, Medical Officer of Health for Warley County Borough, the Health Education Section arranged for 25 members of staff to participate in the two day course held at Warley. Subjects included audio-visual aids and presentation of talks with audio-video tape.

(i) HEALTH EDUCATION LECTURE ROOM

There is close liaison between Health Education and other professional organisations and departments of the City who make extensive use of the facilities of the section for lectures, films and courses.

4. Exhibitions

Exhibition material and display panels on various health topics were prepared by the Health Education Section, and erected at the following sites:-

(a) Edmund Street Council House Extension from 10th January – 27th February. Subjects included 'Smoking and Health', 'Cancer Education and 'Home Safety' with emphasis on poisoning accidents.

(b) Lansdowne Street Personal and Child Health Centre from 11th March – 15th March. The exhibition was intended for Asian mothers and dealt with prevention of burns and scalds, and flammable and non-inflammable clothing.

(c) Stechford Primary School Open Week, 8th July – 15th July. The Health Education Section was invited to participate in this event and erected an exhibition covering general health education. Subjects included general health education with emphasis on home safety. A considerable proportion of those who attended were immigrant children and parents.

(d) Lewis's Departmental Store – from 14th October – 21st October. An exhibition on general health education was prepared for Lewis's Baby Week, with emphasis on foot health, baby's needs and home safety.

(e) Royal College of Nursing, Hagley Road, from 28th November – 29th November. An exhibition was presented on 'Smoking and Health', 'Personal and Environmental Hygiene', 'Burns and Scalds', 'Poisoning' and 'Child Welfare'.

(f) Display window – Divisional Office, Birchfield Road, Perry Barr. A number of displays were prepared during the year. The topics included 'Home Safety', 'Food Hygiene', 'Cancer Education' and 'Immunisation'.

(g) Parent and Child Health Centres – Display material included various aspects of health education such as 'Food Hygiene', 'Smoking and Health', 'Cancer Education' and 'Home Safety'. Posters and notices depicting times and activities of clinics were also prepared.

5. Publicity

A steady level of publicity was maintained throughout the year with a substantial distribution of posters and leaflets to personal and child health centres, nurseries, school clinics, surgeries and libraries, and insertions in the press. Topics included 'Cancer Education', 'Home Safety', 'Measles Vaccination', 'Maternity and Child Welfare', 'Family Planning', 'Food Hygiene' and 'Dental Health'.

6. Film and Film Strip Previews

Film and filmstrips were previewed during the year for senior members and section heads of Departments to allow a selection of suitable material. Members of other Corporation Departments and organisations attended when appropriate.

7. Student Projects

This year over 100 students from schools, colleges, universities and hospitals have requested reports, information, advice and supplies of posters and leaflets on most aspects of health education in connection with projects forming part of their course of study.

8. Visitors

During the year several visitors from Britain and overseas with a particular interest in health education were made welcome by the Health Education Section. Visitors from this country included health education officers and nursing tutors.

Overseas visitors included doctors and administrators from Jamaica, Holland, Denmark and other countries. In some cases the visits were arranged by the Ministry of Health.

PRIORITY IN REHOUSING ON MEDICAL GROUNDS

In spite of the progress made in building new dwellings for the citizens of Birmingham, requests for medical factors to be taken into account on behalf of those who wish to obtain a municipal tenancy or a transfer from one such tenancy to another do not diminish. During the year 6,775 recommendations were made to the Housing Management Department compared with 6,323 in 1967. In addition there were 233 cases referred to us by the Housing Management Department in which on enquiry, no medical condition was found; and a large but unrecorded number of enquiries which were initiated within the Health Department but which, in the outcome, revealed no basis on which a recommendation could be made to the Housing Management Department.

APPLICATION ON GROUNDS OTHER THAN TUBERCULOSIS

	<i>Points awarded</i>				<i>Immediate rehousing recommended</i>	<i>Total applications</i>	<i>Percentage of total</i>
	NIL	10	20	30			
Psychological disorders	569	865	230	99	11	1,774	26.2
Neurological disorders including fits	100	116	58	68	15	357	5.3
Chest disorders	584	699	218	89	10	1,600	23.6
Wounds	3	5	2	—	—	10	0.1
Blindness	21	24	23	17	4	89	1.3
Rheumatism and Arthritis	185	281	144	121	21	752	11.1
Other orthopaedic disorders	64	65	42	42	6	219	3.2
Cardiovascular disorders	91	317	251	196	31	886	13.1
Other physical defects ..	77	73	54	52	13	269	4.0
Gastro - intestinal disorders	46	34	8	12	5	105	1.6
Genito-urinary disorders	32	19	11	8	—	70	1.0
General debility, <i>i.e.</i> Disorders not otherwise classified	285	216	97	41	5	644	9.5
TOTALS	2,057	2,714	1,138	745	121	6,775	100%

The figures given do not include recommendations made from the Chest Clinic, which are recorded elsewhere in the Report.

Psychological disorders now comprise the largest single group of cases investigated. Many of these amount to no more than the stresses which inadequate or uncongenial housing or inconsiderate neighbours must cause. But among the total there is a small but significant number in which the housing environment is a precipitating or aggravating factor in major mental breakdown or in which unsuitable housing makes the management of mental illness or subnormality very much more difficult.

HOME HELP SERVICE

(Section 29 – National Health Service Act, 1946)

Once again, the statistics for the year show a decrease in the number of maternity cases attended, this year's total being 273 as compared with 345 in 1967. On the other hand the number of general cases has increased from 6,228 in 1967 to 6,544 in 1968. The average number of cases attended each month throughout the year was 4,763. Some patients only required a few hours' help weekly or fortnightly, whilst others required more concentrated help over many years.

Requests for the service were received from general practitioners, district nurses, geriatric health visitors, social workers, officers of the Ministry of Social Security, housing officers, caretakers of flats, milk-roundsmen, postmen, and by direct application. The demands are greater for people in the older age groups for various reasons e.g., many old people are living alone having outlived their relatives and friends; the return to work of the housewife once her children are at school, which makes her unavailable to care for the elderly members of the family. There is a constant change in the requirements of old people, and the re-housing from slum to modern accommodation including central heating and modern conveniences, does not always compensate for the coal fire and the friendly atmosphere of the past era. Although the work required of the home help may be of a less strenuous nature, the sense of stability which she gives to elderly people uprooted from their previous environment is very essential to their well-being. The following table gives some of the statistics for 1968 as compared with those for 1967. These figures show that home helps are working under greater pressure, and attend on average 8.3 cases each.

			<i>Equivalent full time home helps</i>		<i>Total Number of cases attended</i>		<i>Total number of applications</i>		<i>Number on waiting list</i>	
			1968	1967	1968	1967	1968	1967	1968	1967
January	...	...	552	556	4559	4138	264	237	427	427
February	...	...	563	568	4637	4162	303	285	465	330
March	...	...	571	584	4670	4249	259	286	368	292
April	...	...	577	585	4669	4283	283	215	361	204
May	...	...	573	599	4752	4384	297	269	389	317
June	...	...	572	604	4754	4431	241	303	324	350
July	...	...	566	583	4770	4337	269	227	361	389
August	...	...	578	578	4764	4358	202	213	397	456
September	...	...	569	569	4782	4469	209	223	348	515
October	...	...	580	567	4862	4461	228	246	314	521
November	...	...	585	567	4987	4541	223	263	353	523
December	...	...	573	566	4943	4580	225	193	356	416
Monthly Average			572	577	4763	4366	250	247	372	395

Average No. of cases attended per home help

1964 — 6.8 1965 — 6.8 1966 — 6.9 1967 — 7.6 1968 — 8.3

Further figures show the growing demands on the service:-

	<i>No. of families assisted</i>	<i>No. of incapacitated persons in household</i>	<i>Average No. of home helps full time equivalents</i>	<i>Average No. of cases attended per home help full time equivalents</i>
1959	4,662	5,843	—	—
1960	4,835	5,814	—	—
1961	5,096	6,269	—	—
1962	5,036	6,175	—	—
1963	5,361	6,517	—	—
1964	5,685	6,821	507	6.8
1965	5,658	7,005	533	6.8
1966	6,039	7,579	563	6.9
1967	6,573	9,611	577	7.6
1968	6,817	10,214	572	8.3

Sectorisation of City

The sectorisation plan of administration of the service continues to run satisfactorily, but the work is greater in some areas, particularly in the southern part of the City.

Staff

The recruitment of home helps has been good throughout the year, except in the central areas of the City, whilst some of the outer areas were fortunate in being able to maintain a waiting list of applicants. Throughout the year 216 home helps were appointed, and 211 resigned. The number of appointments at all times was based on the financial ceiling allowed.

Left within one year	...	...	...	...	...	...	...	61
Left within one year to five years	...	...	...	...	...	...	...	78
Left within five years to ten years	...	...	...	...	...	...	...	18
Retired	...	...	...	...	...	...	...	22
Deceased	...	...	...	...	...	...	...	2
Left at other periods not included above	...	...	...	...	...	...	...	30

It is interesting to note that 35 home helps are over 65 years of age, and the eldest home help, born in 1888, continues to give a highly satisfactory service.

MENTAL HEALTH SERVICE – SECONDMENT OF HOME HELPS.

There were seven home helps seconded to the Mental Health Service.

TRAINING OF HOME HELPS

There were 64 home helps who entered to receive training during the year on day release covering a period of ten weeks. The tuition given at the College of Food and Domestic Arts on the preparation of meals and ordinary housecraft is proving satisfactory, and the lectures given by members of the Public Health Department on subjects relating mainly to the care of the aged is much appreciated by the home helps.

NIGHT WATCHER SERVICE

Two hundred and fifty-one households were attended, covering the care of 260 patients, as compared with 257 and 268 respectively in 1967. In spite of the difficulty in recruiting sufficient numbers of night watchers, every endeavour was made to give two or three nights' weekly coverage to all patients. This service is invaluable to elderly people living alone, or in assisting relatives with the burden of sitting up every night with aged or ill parents. To assist in the recruitment of staff, the hours of duty have at times had to be modified, e.g., the period of 12 hours' duty has been reduced by one or two hours.

NIGHT ATTENDANT SCHEME

During the year a total of 20 emergency calls were received, and all were given one night's service. The patients were afterwards referred to hospital, to the Night Watcher Service, or to the supervision of the district nurse on night duty. One recovered and needed no further care, and two died.

Statistics

<i>Number of Home Helps at the end of the year</i>	<i>1968</i>	<i>1967</i>
Full time	39	46
31 hours to full time	152	136
10 hours to 30 hours	739	737
Under 10 hours	5	6
	<hr/>	<hr/>
	935	925
	<hr/>	<hr/>

HOME HELP SERVICE

<i>Number of families assisted during the year</i>					<i>Families</i>		<i>Incapacitated persons in households</i>	
					<i>1968</i>	<i>1967</i>	<i>1968</i>	<i>1967</i>
1. Maternity	...	...	...	...	273	345	†1143	1336
2. Illness of housewife:—								
(a) Diseases of circulatory system	...							
			Over 65		645	597	745	653
			Under 65		82	96	95	107
(b) Cancer	...	...	Over 65		124	120	159	138
			Under 65		40	44	55	63
(c) Vascular disease of the central nervous system	...		Over 65		306	307	366	347
			Under 65		99	122	121	133
(d) Diseases of respiratory system (other than tuberculosis)	...		Over 65		280	262	340	286
			Under 65		39	34	55	47
(e) Respiratory tuberculosis	...	...			3	4	10	4
(f) Other illnesses	...	...	...		468	445	1078	828
3. Aged persons — (65+ not included above)	...	...	...	...	4347	4074	5475	4959
4. "B" cases — (potential problem families)	...	...	...	...	54	64	*295	325
5. "B" cases (problem families dealt with by Psychiatric Social Service)...	...				57	59	*277	385
					<u>6,817</u>	<u>6,573</u>	<u>10,214</u>	<u>9,611</u>

†Number of people cared for in household.

*Number of children in need of care and help.

<i>Visits paid by organisers</i>					<i>1968</i>	<i>1967</i>
Maternity cases	...	...	...	...	314	201
Ill housewives	...	...	...	...	2,090	1,746
Old persons	...	...	...	...	14,348	13,432
Potential problem families	...	...	...	...	240	171
					<u>16,992</u>	<u>15,550</u>

NIGHT WATCHER SERVICE

					1968	1967
<i>Number of Night Watchers at the end of the year</i>					36	45
<i>Cases dealt with</i>					<i>Number of incapacitated persons in each household</i>	<i>Number of families assisted</i>
<i>Diseases of:—</i>					1968	1967
(a)	Circulatory system			Over 65	—	2
				Under 65	—	—
(b)	Cancer	...	...	Over 65	14	14
				Under 65	9	2
(c)	Vascular disease of central nervous system	...	...	Over 65	—	—
				Under 65	3	1
(d)	Diseases of respiratory system	...		Over 65	—	—
				Under 65	—	—
(e)	Respiratory tuberculosis	...	...		—	—
(f)	Other illnesses	...	...	...	19	13
(g)	Aged persons (65 years and over not included above)	...	...	...	215	236
					<u>260</u>	<u>251</u>
					<u>268</u>	<u>225</u>

Visits paid by organisers

By day	...	...	...	417
By night	...	...	...	222
				<u>639</u>

MENTAL HEALTH

(Section 28 – National Health Service Act, 1946
Mental Health Act, 1959)

Community Care – General

In accordance with the National Health Service Act, 1946, and the Mental Health Act, 1959, a community care service is provided for the mentally disordered, with a staff of Mental Welfare Officers undertaking the full range of duties under these Acts. They work in teams each under the leadership of a divisional mental welfare officer, undertaking social work within one of six areas into which the City is divided for social work purposes and liaise with the hospital service, there being five psychiatric hospitals plus one for subnormal patients.

Table I below summarises the work undertaken by the Mental Welfare Section during the year, corresponding figures for 1967 being given in brackets.

TABLE I

Patients admitted under Section 29 Mental Health Act ...	386	(439)
„ „ „ Section 25 „ „ „ ...	530	(475)
„ „ „ Section 26 „ „ „ ...	106	(88)
„ „ „ Section 60 „ „ „ ...	46	(50)
„ „ „ Section 65 „ „ „ ...	—	(3)
„ „ „ Section 72 „ „ „ ...	1	(—)
„ „ „ Section 136 „ „ „ ...	1	(1)
Patients admitted informally by mental welfare officers ...	412	(400)
Patients admitted informally direct to hospital ...	4,011	(3,853)
After-care visits ...	9,187	(9,280)
Pre-care visits ...	20,371	(18,769)
Patients taken for out-patient treatment ...	490	(432)
Social histories ...	189	(194)
Housing enquiries ...	194	(189)

(Some individual patients appear in more than one of the above groups).

TABLE II

NUMBER OF PERSONS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1968.

Referred by	Mentally ill				Psychopathic				Subnormal				Severely sub-normal				Total (17)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
(a) General practitioners	6	7	263	292	1		1	2	3	2	17	10			3	5	612
(b) Hospitals, on discharge from in-patient treatment	5	6	254	297			6		5	7	19	15		2	5	3	624
(c) Hospitals, after or during out-patient or day treatment	18	23	97	126			1	2			4	6			3	1	281
(d) Local education authorities													32	28			60
(e) Police and courts	2	1	47	27						1	3	2	1				84
(f) Other sources	83	101	531	645			6	10	25	30	87	71	85	43	53	48	1,818
(g) Total	114	138	1192	1387	1		14	14	33	40	130	104	118	73	64	57	3,479

Only one referral is recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

"Referral is limited to persons who are referred to the local authority for the provision of services, whether centre or hostel, by means of home visits or otherwise. Referrals made for the purpose of obtaining admission to hospital are not counted.

TABLE III

NUMBER OF PATIENTS AWAITING ENTRY TO HOSPITAL,
ADMITTED FOR TEMPORARY RESIDENTIAL CARE OR
ADMITTED TO GUARDIANSHIP DURING 1968

	Severely sub-normal				Total
	Under age 16		16 and over		
	M.	F.	M.	F.	
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year					
(a) In urgent need of hospital care ...	22	6	—	—	28
(b) Not in urgent need of hospital care ...	10	9	3	—	22
(c) Total	32	15	3	—	50
2. Number of admissions for temporary residential care (e.g. to relieve the family)					
(a) to N.H.S. hospitals	30	20	7	18	75
(b) To L.A. residential accommodation ...	107	50	21	11	189
(c) Elsewhere	—	—	—	—	—
(d) Total	137	70	28	29	264

None of those awaiting admission was in the category "mentally ill", "elderly mentally infirm", "psychopathic" or "subnormal".

It will be observed from the above figures that there is a diminution in the number of patients compulsory removed under Section 29, and an increase in Section 25 and Section 26 cases. Although other categories in the main have fluctuated only slightly, there has been quite a noticeable increase in the number of visits made for the purpose of pre-care.

Turnover of staff, absence of officers on training courses and the financial position, have stretched the Service to the limit and placed a considerable burden on the remaining officers. This has resulted in a curtailment of intensive casework with families with multiple problems in order to cope with emergencies.

Home helps with special aptitudes are engaged by the Department and originally they assisted the social worker in dealing with inadequate families. During this year, however, they have been invaluable in assisting in homes where there has been a psychiatric casualty. A good liaison has been established between the social worker and the home help, and this assists in no small manner towards rehabilitation and maintaining family links.

Community Care for Subnormal

ASCERTAINMENT

The early assessment of handicapping conditions continues to be an important aspect of the Mental Health Service. It is carried out both by medical members of the staff, who have received special training for this purpose, and by consultants from hospitals, liaison between the two services having been established over many years.

The Medical Officer who is concerned with this special work saw 164 new referrals, and 47 children were followed-up after previous referral.

Of the new referrals 9 were recommended for permanent hospital care and 16 for short-term care: 42 were referred for investigation and/or treatment as follows:-

Hearing	...	...	...	...	5
Speech therapy	...	...	...	...	14
Eye Hospital	...	...	...	...	2
Dental Hospital	...	...	...	...	1
Orthopaedic Hospital	...	...	...	...	2
Parent Guidance Clinic	...	...	...	...	2
Paediatrician	...	...	...	...	2
Child Psychiatrist	...	...	...	...	14

Suggestions for future educational placement were:-

Normal school	...	...	...	...	22
E.S.N. school	...	...	...	...	27
Physically handicapped school	...	...	...	...	2
Junior training centre	...	...	...	...	18

For the younger children:-

- 11 were in need of day nursery.
- 21 were in need of nursery school.
- 17 were in need of play group.
- 4 were in need of special care units,

TRAINING

Sessions for mentally handicapped young children continue to be held at 21 child health centres, which co-operate with the Birmingham Branch of the National Society for Mentally Handicapped Children. Parents are given the opportunity of attending the centres and discussing their problems amongst themselves and with the staff. This helps in developing confidence in dealing with their problems. The children benefit from mixing with other members of a play group and, for the same reason, a limited number of mentally handicapped children attend day nurseries, enjoying the added advantage of mixing with normal children.

The majority of the facilities for the training of the mentally sub-normal are provided at the special training centres of which there are eight junior and two adult. The former are administered by the Education Committee on behalf of the Health Committee.

(a) *Junior Training Centres*

In September a new 105-place training centre was opened at Old Oscott Hill, Kingstanding, replacing the old premises at Warren Farm Road. A similar new building in Newtown is well advanced and scheduled to open in February 1969.

It is intended that these centres shall be utilised as intermediate centres, taking trainees up to the age of approximately 18 years. This will go a long way towards reducing the waiting list for adult centres.

During the year the trainees from two junior centres spent a week at Barmouth and those from another centre went youth-hostelling. Each of the centres had its Open Day and arranged day outings, parents evenings and other social events.

Four members of the staff were seconded to training courses during the year.

(b) *Adult Training Centres*

The two adult training centres continue to function satisfactorily. 143 trainees attend Aldridge Road daily and 130 attend Bell Barn.

The demand for places is increasing and accommodation at these two centres is now stretched to the maximum.

The centres provide opportunities which assist the development of trainees through the medium of a balanced curriculum. This includes education in the social, physical and domestic spheres and industrial activity.

During the year 45 trainees, accompanied by four staff, spent a week at the holiday house of the National Society for Mentally Handicapped Children – Pengwern Hall, Rhuddlan, North Wales. Thanks are due to the Society for assisting financially in this venture. The holiday was greatly enjoyed by the trainees, and the staff had the opportunity of observing them in a different setting.

Two members of staff obtained the Diploma of Teachers of the Mentally Handicapped during the year.

TABLE V NUMBERS ATTENDING SPECIAL TRAINING CENTRES

Junior Special Training Centres

	Under 16		Over 16		Total
	M	F	M	F	
Erdington	27	14	8	11	60
Fox Hollies	28	14	8	13	63
Hobmoor	17	11	4	6	38
Kingstanding	18	7	7	4	36
St. Luke's	18	15	2	5	40
Selly Oak	28	16	4	8	56
Stechford	25	21	8	6	60
Wretham Road	16	12	11	3	42
	177	110	52	56	395

Receiving Home Tuition	13
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Senior Special Training Centres

Aldridge Road	—	—	85	158	243
Bell Barn	—	—	67	61	128
			152	219	371

PSYCHOLOGICAL REPORTS

Work done by the educational psychologists was as follows:-

Reports for Children's Department	...	...	...	...	721
Reports for Mental Health Service	...	...	...	...	—
					721

HOSTELS

As part of the community care of the mentally disordered, hostel accommodation provides an important supportive service and will be even more extensive in the years to come.

Chester Road and Middle Park Road hostels, opened in 1960, are continuing to provide useful social support to residents. Referrals are mostly from hospitals, social workers and the Children's and Probation Departments.

Because of the limited number of places and the demand for beds, careful selection can be made of a variety of persons with various problems, whom the hostels are best able to help. This procedure ensures a progressive turnover and a fairly high rate of success in rehabilitation.

It is gratifying that so many who have been resident return for social visits and express thanks for the help that has been given to them.

A clear need is presented for a long-stay hostel where persons who can only survive in the community with this type of support can remain for some years.

	CHESTER ROAD HOSTEL		MIDDLE PARK ROAD HOSTEL	
	12		12	
	M	F	M	F
<i>Bed complement</i>				
No. accommodated during the year	15	14	17	20
<i>Movement during year</i>				
Discharged to lodging, relatives or residential jobs	9	5	4	11
Returned to hospital	1	3	6	4
Left against advice	—	1	3	—
In residence at 31.12.68 ...	5	5	4	5
	<u>15</u>	<u>14</u>	<u>17</u>	<u>20</u>

WARWICK HOUSE SHORT-STAY RESIDENTIAL UNIT

The unit has now been open for 19 months and is fully operational. Children are accepted from any part of the City.

The purpose of the unit is to give relief to parents who for one reason or another are unable to cope with their situation – parents in hospital, home conditions not satisfactory, and also to enable the parents to take a holiday without the stresses and strain of the child.

There is an ever increasing demand for children to be admitted. This indicates parents' appreciation of the facilities provided by this unit. Parents and visitors are very impressed by its standard, environment and design.

The majority of children admitted are not only severely subnormal but suffer some type of physical handicap, e.g. angina pectoris, heart lesions, renal conditions, epilepsy, and an increasing number of spastic children, most of whom are on the urgent waiting list for permanent hospital care. This places a special responsibility on the nursing staff.

The versatility of the unit is shown by the fact that during the year the ages of residents have ranged between two weeks and 57 years.

By arrangement with the Education Department, some children have attended an adjacent junior training centre during the day, whilst some of the older children have attended Bell Barn adult centre which is easy of access on a bus route near to the unit. This affords continuity of training and benefits the child.

Social Security benefit is available on a Part III accommodation basis for residents over the age of 16.

Various donations have been received during the year for toys and clothing for the benefit of the children.

LIAISON

Monthly sessions are held at Nechells Green Health Centre for the purpose of assessment and examination of subnormal children and adults by consultants from Chelmsley and Coleshill Hall Hospitals. During the year 18 new cases were seen and 2 others were followed up.

Regular clinics are held at the headquarters of the Mental Health Service in the city-centre by a consultant from Lea Castle Hospital, Kidderminster. During the year he saw 59 new cases in addition to following up 33 others.

The invaluable services of the speech therapist continue and during the year assistance was given to 46 children.

Parent and Child Centre

During the year 123 cases were referred for treatment most of them by doctors and health visitors. More and more often both parents are willing to engage in discussions on how to resolve the problem for which they are seeking a solution. In 16 cases both parents came regularly for treatment together with the child whose behaviour had led to the referral. In such cases one worker sees the whole family together in the same room on a once a week basis. In 10 of these 16 cases an unsatisfactory relationship between the parents was openly acknowledged to have precipitated the child's behaviour disturbance and the focus in treatment was on the marital relationship. The total number of cases in which the marriage was at fault and had contributed to the child's disturbance was higher than 10 per cent, but it was not always possible to have fathers in regular attendance. However, an increasing number of fathers expressed an interest in and acknowledged responsibility for the development of their children. The active participation of fathers in therapy seems positively correlated to the expectations of the agency in this respect.

The Parent and Child Centre was fortunate to acquire in November, 1968 the services, for one session a week, of a consultant at the Charles Burns Unit, an in-patient child psychiatric clinic for the West Midlands. He forms a valuable link between the Unit and the Parent and Child Centre. The Centre now has three psychiatric consultants, each on a one session a week basis, and each having access to in-patient facilities.

Less fortunate for the Centre was the resignation in September, 1968, of Miss N. R. Carthew on obtaining a senior appointment at the Charles Burns Unit. However, she too forges a link between the Charles Burns Unit and the Parent and Child Centre as by kind permission of Dr. Phillip Barker, Miss Carthew continues to see a small number of child patients in play therapy at the Parent and Child Centre on one morning a week. Attempts to fill the vacancy on the staff left by Miss Carthew's departure have so far proved unsuccessful. Following a resignation, an undiminished case-load is carried by psychiatric social workers now reduced to one full-time and one part-time. In this emergency the psychiatrists have only helped to keep the waiting-list down by seeing clients without prior screening by a social worker. It can rightly be argued that this is an uneconomical use of consultant time.

The greatest value of the Centre hitherto has been its flexible use of professional resources and the speed with which the social workers have made themselves available at short notice to intervene in emotional crises. Another important aspect of preventative mental health lies in disseminating knowledge and stimulating discussions through lectures and talks to interested groups like parents, health visitors and nurses. This is necessarily affected by the present serious reduction in social work staff.

EDUCATIONAL PROGRAMME

Twenty-four lectures were undertaken by members of staff during the year, on behalf of the Health Education Section.

Students from universities and colleges have been seconded to the Department for practical work within the various sections of the Service.

Six members of staff were seconded to the Certificate in Social Work course and two to the N.A.M.H. course for Teachers of the Mentally Handicapped.

ADMINISTRATION

- (a) There are monthly meetings of the Health Committee which controls the Service
- (b) Number and qualifications on staff employed in the Mental Health Service:-

Responsible to the Medical Officer of Health for the Service, who in turn is responsible to the Health Committee – Deputy Medical Officer of Health, M.B., Ch.B., D.P.H.

- 1 Chief Assistant – Certificate of the Poor Law Examinations Board.
- 1 Deputy Chief Assistant – Certificate in Social Work.
- 1 Administrative Assistant – Declaration of Recognition of the Council for Training in Social Work.

MENTAL WELFARE SECTION

- 6 Divisional Mental Welfare Officers – one holding B.A. Degree, Psychiatric Social Work qualification and Diploma in Social Administration; three hold the Certificate in Social Work, one is a R.M.N. and S.R.N., and one has the Diploma in Social Science and Public Administration.
- 2 Area Mental Welfare Officers – one the Certificate in Social Work and both doubly trained R.M.N. and S.R.N.
- 26 Mental Welfare Officers – one M.A. Degree and Diploma in Social Studies, one B.Sc.(Soc.), one N.A.M.H. Teaching Diploma for the Mentally Handicapped, three R.M.N. and S.R.N., eleven R.M.N., two R.M.N.D.
- 4 Trainee Mental Welfare Officers – one holding B.A. Degree.
Clerical staff – five clerks, five shorthand typists.

PARENT AND CHILD CENTRE

- 1 Senior Social Worker – with Psychiatric Social Work qualification.
- 1 Social Worker (part-time) – with Psychiatric Social Work qualification. Clerical staff – one shorthand typist.

Hostels

- 2 Wardens
- 1 Assistant Warden/Cook
- 1 Cook

“Warwick House” Short-stay Unit

- 1 Matron – R.M.N. qualification.
- 1 Deputy Matron – R.M.N. qualification.
- 2 Nursery Nurses – both holding N.N.E.B. qualification.
- 3 Nursery Assistants
- 1 Nursery Assistant (part-time).

Adult Training Centres, Aldridge Road and Bell Barn

(Under management of Health Committee).

- 1 Senior Warden – Teachers’ Certificate, M.Col.H.
- 1 Warden – Teachers’ Certificate.
- 2 Deputy Wardens – both holding Diploma of National Association for Mental Health.
- 4 Supervisors – three holding Diploma of National Association for Mental Health.
- 16 Assistant Supervisors – nine holding either Diploma of National Association for Mental Health or recognised trade qualifications.
- 2 Clerks.
- 3 Kitchen Attendants (part-time).
- 2 Caretakers.

Junior Training Centres

(Under the management of Education Committee on behalf of Health Committee).

- 1 Organiser.
- 8 Supervisors – seven holding Diploma of National Association for Mental Health, and one Certificate of Recognition.
- 2 Senior Assistant Supervisors – both holding Diploma of National Association for Mental Health.
- 22 Assistant Supervisors – eleven holding Diploma of National Association for Mental Health.
- 6 Trainee Assistant Supervisors.
- 12 Welfare Assistants.
- 10 Dinner Attendants (part-time)
- 1 Home Teacher.

INSPECTION AND REGISTRATION OF NURSING HOMES AND NURSING AGENCIES

(1) Nursing Homes (Public Health Act, 1936)

At the end of 1968 there were eleven nursing homes on the register providing 264 beds.

There were no new applications.

One owner withdrew her registration for a home of 14 beds.

The total number of inspection visits paid to the nursing homes during the year was 26.

(2) Nursing Agencies (Nurses Agencies Act, 1957)

At the end of 1968 there was one agency operating in the City which had been granted a renewal of licence. The owner of the other agency withdrew during the year.

MEDICAL SERVICES FOR CHILDREN IN CARE

CHILDREN ACT, 1948

The total number of children in the care of the local authorities in England and Wales on 31st March, 1968, was 69,358 compared with 69,405 on 31st March, 1967. Comparable figures in Birmingham were 2,277 and 2,130 respectively.

The total number of children admitted to the care of the Local Authority during the year ended 31st March, 1968, was 1,732 compared with 1,728 the previous year and 1,958 in the year ending 31st March, 1966.

The number of illegitimate children coming into care during the year ending 31st March, 1968, because their mothers could not provide for them, was 74 compared with 85 and 51 in each of the two previous years.

CHILDREN IN THE CARE OF THE BIRMINGHAM CHILDREN'S COMMITTEE

	Year Ended		
	31.3.67	31.3.68	31.3.69
1. <i>Mode of Accommodation</i>			
Boarded out... ..	745	798	770
In lodgings or residential employment	43	49	40
In children's homes	909	882	1,027
In voluntary homes	198	287	294
In residential special schools ...	27	31	29
In hostels for working boys and girls	29	32	24
Allowed to remain with parent or guardian under supervision	111	125	151
In other accommodation ...	68	73	96
TOTAL OF ITEM 1 ...	2,130	2,277	2,431
2. <i>Analysis by age groups of children</i>			
0 - 2 years	176	187	183
2 - compulsory school age ...	376	375	392
Of compulsory school age ...	1,289	1,425	1,507
Over compulsory school age ...	289	290	349
TOTAL OF ITEM 2 ...	2,130	2,277	2,431

During 1968 routine medical examinations continued to be carried out mostly by general practitioners. Local Authority school medical officers were approached for such examinations only during the school holidays. In general most of the housemothers found that this arrangement worked to the satisfaction of all concerned.

Emergency medical services under the National Health Service Act are provided by the general practitioners in the area. These services are usually carried out by a group of doctors attached to a particular home.

The close liaison between hospitals, Public Health and Children's Departments continues. Children with severe physical and mental handicaps continue to be a major problem due to shortage of available beds. The Senior Assistant Medical Officer for Personal and Child Health Services has continued to co-ordinate the arrangements between the hospitals, general practitioners, Children's Department and members of the Children's Committee. Routine inspections of the residential establishments have been carried out in accordance with the Home Office recommendations. In general the establishments closely follow these recommendations.

Deaths

There were three deaths during the year:-

A.S. born 25. 3. 66:- This child was received into care on 20th May, 1966. He was suffering from hydrocephalus and mental retardation. For some time he had been receiving treatment at the Queen Elizabeth Hospital, a valve having been inserted in his head to relieve pressure of fluid. On 1st November, he was admitted to the Children's Hospital in a state of semi-consciousness and died there on the same day.

R.M. born 1.2.68:- This child was received into care on 10th July, 1968. He was suffering from Rubenstein Taybi Syndrome. Such children are prone to repeated respiratory infections. On 6th January, he was treated for an attack of bronchitis which later developed into bronchopneumonia. He died on 7th January.

N.C. born 1.5.68:- This child was admitted to care on 19th June, 1968. She was a West Indian mongol baby with a congenital heart defect. On 1st November, she suffered from an acute attack of bronchitis. In spite of treatment her condition deteriorated and she died on 2nd November.

Investigations of Foster Home Applications

The suitability of individuals applying to the Children's Department to become foster parents is investigated on both medical and social grounds. Medical reports are obtained from the general practitioners concerned and at times from the hospitals. Based on this, recommendations are given to the Children's Department regarding the suitability of the applicants.

Adoption of Children

Prospective adopting parents and the children to be placed for adoption are investigated extensively in regard to medical histories and present conditions. The co-operation of the general practitioners and hospital consultants is very essential to conduct such investigations. At

times this is a long drawn out process but it is felt that it is essential to ensure the suitability of both the adopting parents and the children to be placed. During 1968, there were 85 couples investigated, 80 were recommended as medically fit, one was found to have a medical condition which would have been detrimental to the placing of a child with them, 3 were deferred for review in a year's time and one couple withdrew their application.

In accordance with the Adoption Act, 1958, information is given to the Birmingham Children's Department and adoption societies as to whether the household is known to the health visitor for the area concerned. No special visit is made but the information is obtained from the health visitor's record cards and personal knowledge of the family. There is a similar enquiry in regard to persons wishing to become foster parents. In 1968, enquiries were made in 112 cases, 34 were recommended for consideration, 76 were not known to the health visitor, 1 was out of City and one was not recommended.

Statistics

(A) ADOPTION

During 1968 there were 60 sessions of the Adoption Clinics. All preliminary examinations were conducted at this clinic with the exception of 16 cases examined at a mother and baby home. A total of 237 examinations was carried out. The results of these examinations were as follows:-

(a) <i>Preliminary Examinations</i>	...	...	...	96
Fit for placing	...	...	...	92
Unfit for placing	...	...	...	2-1 family history of mental disorder
				1 family history of low I.Q. and epilepsy
Not ideal by reason of slow development	...			1
Withdrawn before placing	...	...	...	1
(b) <i>Final Examinations</i>	...	...	...	139
Children's Department placings	...	...	...	99
Other adoption societies	...	...	...	40
<i>Results of final examinations</i>				
Fit for adoption	...	...	...	130
Unfit for adoption	...	...	...	nil
Not ideal	...	...	...	9-1 congenital heart lesion
				3 family history of epilepsy
				1 hospital investigation
				1 family history of epilepsy and mental instability
				1 scoliosis - referral to hospital
				1 recurrent bronchitis
				1 family history of muscular dystrophy.

(B) REFERRALS TO CHILDREN'S DEPARTMENT

Number of applications for advice, guidance or assistance made to the Department during year ending 31st March, 1968	...	3,407
	(involving 8,553 children)	
Number of children accepted into care after investigation	...	1,599
Number of children committed to care	... ..	133
Total admissions to care	... ..	1,732

(C) CHILDREN IN THE RESIDENTIAL ESTABLISHMENTS OF THE CHILDREN'S COMMITTEE: MEDICAL CARE

1. Medical examinations carried out during 1968

Routine medical examinations	... ..	1,046
Examinations on admission	... ..	1,594
Examinations on discharge	... ..	765
Total number of medical examinations	... ..	3,405
Phenylketonuria tests	... ..	12

2. Prophylactic vaccinations and immunisations during 1968

D.P.T. (Diphtheria, Pertussis & Tetanus)	... ..	249
Poliomyelitis vaccination	... ..	264
Smallpox vaccination	... ..	37
B.C.G.	... ..	34
Measles	... ..	32

3. Dental inspections/treatment during 1968

... .. 783

4. Admissions to hospital for treatment

From residential accommodation of Birmingham Children's Committee	... ..	166
From other local authorities and voluntary homes	...	6
From being boarded-out	... ..	13
The reasons for admission to hospital were as follows:		
Psychiatric problems	1 Infections	... 12
Operations	... 30 Accidents	... 55
Miscellaneous	... 86 Tuberculosis	... 1

5. Analysis of illnesses:

Infectious diseases	... ..	170
Ear infections	... ..	70
Respiratory infections and disorders	... ..	274
Circulatory disorders	... ..	Nil
Gastro-intestinal disorders	... ..	81
Genito-urinary disorders	... ..	35
Orthopaedic disorders	... ..	33
Nervous disorders incl. psychiatric conditions	... ..	9
Fractures	... ..	16
Minor injury	... ..	91
Tonsils	... ..	132
Other conditions	... ..	375

WELFARE OF BLIND AND PARTIALLY SIGHTED PERSONS

Registers of Blind and of Partially Sighted Persons are maintained by the Welfare Department and examinations for admission to these registers are carried out on behalf of the Welfare Committee by a panel of consultant ophthalmologists. When so registered these handicapped people are provided with a variety of welfare services, including home visiting, the teaching of Braille or Moon reading systems and handicrafts in their own homes and at centres in various parts of the City. Social centres are also established for persons who are unable to take up these activities, and, when necessary, transport is provided to and from them. A library of Braille and Moon books is maintained by the Welfare Department. Books are mainly sent out and exchanged by post. Each year a garden party for blind people who are not in employment is held when approximately 800 blind, guests and escorts are entertained by the Welfare Committee. For several years this has been held at the grounds and premises of Cadbury Brothers, Bournville.

Persons registered as blind are entitled to free bus passes, free radio licences and, where appropriate, increased Social Security supplementary benefit and income tax allowances. Arrangements are made for obtaining these facilities.

In addition to the services provided by the Welfare Committee, the Birmingham Royal Institution for the Blind makes annual grants to enable blind persons to take holidays, for summer outings, Christmas parties, and other miscellaneous assistance.

Persons who are deaf as well as blind are given assistance as necessary with the supply, replacement and repair of hearing aids, escort to hospital and other special needs. A weekly Social Centre is held for the deaf-blind at which voluntary helpers assist in talking to them by using the manual alphabet. Because of the special difficulties of such persons in taking holidays, an annual holiday has been organised in recent years for a party under the care of home teachers and voluntary helpers.

Persons who are able to work in open employment are encouraged to do this, and are helped in finding employment by the Blind Persons' Resettlement Officer of the Department of Employment and Productivity. Others who need to work in a sheltered environment are employed at the Industrial Centre for the Blind, administered by the Welfare Committee, where employment is provided for approximately 160 men and women in a variety of trades. Those who are able to work on their own account may enter the Blind Home-Workers Scheme where again they receive special assistance from the Welfare Department and are given an augmentation in addition to their earnings.

INCIDENCE OF BLINDNESS

Statistics

The total number of registered blind persons has decreased by 15 over the last year.

<i>Year end</i>	<i>Total Registered Blind</i>	<i>Blind Children</i>	<i>Blind Men</i>	<i>Blind Women</i>	<i>Blind over 65 years</i>
1963	1,694	53	691	950	986
1964	1,660	50	685	925	977
1965	1,659	41	670	948	981
1966	1,678	41	678	959	1,001
1967	1,670	37	671	962	1,008
1968	1,655	35	665	955	1,006

The Blind Register

<i>Additions to Register</i>	<i>223</i>		<i>1963</i>	<i>1964</i>	<i>1965</i>	<i>1966</i>	<i>1967</i>	<i>1968</i>
Certified blind	141	152	172	192	162	204
Blind Immigrants to Birmingham	32	18	20	19	18	18
Re-included on the register			—	1	—	1	2	1

<i>Deletions from Register</i>	<i>238</i>							
Through death	164	159	153	165	156	192
Left Birmingham	21	42	34	22	27	37
Sight improved	1	4	6	6	7	9

Among those newly certified in 1968 were 5 children.

Forms B.D.8. completed on examination received during 1968 and relating to newly certified persons and those already registered who moved to reside in Birmingham, fall into the following categories.

Primary senile cataract and congenital cataract	...	...	...	43
Glaucoma	...	...	...	52
Other congenital and hereditary defects	...	...	...	—
Myopia	...	...	...	10
Ophthalmia neonatorum	...	...	...	—
Retinitis pigmentosa	...	...	...	—
Trauma	...	...	...	2
Diabetes	...	...	...	2
Other causes (these include senility, cause unknown, arteriosclerosis)				113

ARRANGEMENTS FOR CARE, EDUCATION AND EMPLOYMENT OF THE BLIND

31.12.67						31.12.68
132	Employed in industrial centres	...	...	...		121
15	Approved homeworkers	...	...	...	...	15
179	Workers in sighted industry	...	...	...		181
1,040	Unemployable persons at home	...	...	...		1,052
263	Unemployable persons in Regional Board Hospitals and various Homes	...	...	...	...	244
10	Children at school	...	...	...	...	13
15	Children in own homes...	...	...	...	...	14
12	Children in hospitals	...	...	...	...	8
—	Babies in Sunshine Homes	...	...	...	...	—
4	Technical pupils in training	...	...	...	...	7
<hr/>						
1,670						1,655
<hr/>						

Register of Partially Sighted

There is no statutory definition in the National Assistance Act of 1948, but the Department of Health has advised that a person who is not blind but is nevertheless substantially and permanently handicapped by congenitally defective vision or in whose case illness or injury has caused defective vision of a substantial and permanently handicapping character, be regarded as partially sighted.

The numbers on the Register at the end of the year were:—

554 persons : 155 men ; 261 women ; 133 children

Forms B.D.8. received during the year 1968 and relating to all newly certified partially sighted persons or those registered already who came to Birmingham, fell into the following categories:—

Primary senile cataract and congenital cataract	...	...	...	27
Glaucoma	...	...	...	17
Other hereditary and congenital defects	...	...	...	4
Myopia	...	...	...	10
Trauma	...	...	...	—
Diabetes	...	...	...	2
Other causes	...	...	...	42

Blind and Partially Sighted

Forms B.D.8. have been received for patients newly certified in Birmingham in the following age groups.

<i>Year of receipt</i>	<i>0—1</i>	<i>2—4</i>	<i>5—15</i>	<i>16—20</i>	<i>21—49</i>	<i>50—64</i>	<i>65 and over</i>	<i>Total</i>
1963	0	2	15	5	12	29	146	209
1964	2	8	25	3	17	35	236	326
1965	0	10	10	4	19	38	203	284
1966	3	11	14	2	15	39	219	303
1967	1	9	16	4	15	45	170	260
1968	1	14	20	4	19	42	200	300

The causes of loss of vision and the treatment recommended were:—

	<i>Cause of Disability</i>			
	<i>Retrolental Fibroplasia</i>	<i>Cataract</i>	<i>Glaucoma</i>	<i>Others</i>
(i) Number of persons registered during the year in respect of which Section "D" of the form B.D.8 recommends:				
(a) No treatment ...	—	6	1	31
(b) Treatment (medical, surgical or optical) ...	1	59	64	138
(ii) Number of persons at (i) (b) above who on follow-up at the end of year had received treatment ...	1	30	37	79

The Deaf-Blind

In 1968 there were 44 deaf-blind persons residing as follows:—

	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
In own homes ...	8	19	2	29
In homes and institutions	1	12	2	15
	9	31	4	44

CEREBRAL PALSY

Our thanks are once again due to the Midland Spastic Association for the following information. Their work is closely connected with the Welfare Department and the School Health Service.

PROVISION MADE FOR 906 SPASTICS IN 1968

CHILDREN UNDER 5 YEARS

Attending normal nursery schools	...	...	...	...	6
Attending Cerebral Palsy Nursery, Carlson House	...	...	...	...	6
Attending day nursery as a physically handicapped child	...	...	...	...	1
Attending play groups	...	...	...	...	1
In hospital	...	...	...	...	5
At home— out-patient treatment	...	...	...	...	31
no treatment	...	...	...	...	18
					<hr/>
Total known cerebral palsy patients under 5 years					68
					<hr/>
Estimated population under 5 years	..	..	..	..	97,500

CHILDREN AGED 5 TO 15 YEARS

Attending day schools					
Cerebral Palsy School, Carlson House	...	...	...	...	33
Schools for physically handicapped	...	...	...	...	54
Other special schools (deaf school 2; open air school 2; E.S.N. school 12)					
Normal schools	...	...	...	...	78
Junior training centres	...	...	...	...	27
Attending residential schools					
Cerebral Palsy School, Carlson House	...	...	...	...	11
Schools for the physically handicapped	...	...	...	...	5
Other special schools (blind school 3; E.S.N. School 2)	...	...	...	...	5
In institutions for the mentally subnormal	...	...	...	...	25
At home—ineducable	...	...	...	...	27
At home—educable, and awaiting placement	...	...	...	...	—
					<hr/>
Total known cerebral palsy patients 5 to under 15 years					281
					<hr/>
Estimated population 5 to under 15 years	...	...	...	...	163,900

PERSONS 15 YEARS AND OVER

Still at school	...	...	...	...	...	...	...	15
Senior training centres	...	...	...	...	...	...	...	55
Outwork—part-time housewives	...	...	...	...	...	...	...	15
Sheltered work	...	...	...	...	...	...	...	22
Training college	...	...	...	...	...	...	...	4
Normal work	...	...	...	...	...	...	...	203
Institution for the mentally subnormal	...	...	...	...	...	...	...	81
In cerebral palsy home	...	...	...	...	...	...	...	4
In physically handicapped home	...	...	...	...	...	...	...	22
In hospitals	...	...	...	...	...	...	...	3
Midland Spastic Association Day Centre	...	...	...	...	...	...	...	24
Other day centres	...	...	...	...	...	...	...	19
At home	...	...	...	...	...	...	...	90
								<hr/>
Total known cerebral palsy patients aged 15 years and over	...	...	...	...	...	...	...	557
								<hr/>

The Midland Spastic Association also arrange home visits by qualified social workers, provide equipment and help is given with clothing, holidays etc. in needy cases. For a small group of spastic children in the pre-school age, most of whom are mentally as well as physically handicapped, a play centre has been provided. For the severely handicapped a daily work centre is run for young adults who are unable to find employment and a wide range of outwork, craftwork, etc. is provided for them. Clubs are also operated for handicapped spastic teenagers and young adults.

In addition to the above the Welfare Committee of the City Council provides services for the following individuals:—

Maintained in special establishments	...	...	...	...	...	...	...	10
Resident in part III accommodation in welfare homes	...	...	...	...	...	...	...	24
Participating in Handicraft Scheme	...	...	...	...	...	...	...	16
Doing outwork arranged by the Welfare Department	...	...	...	...	...	...	...	9
Assisted with adaptations in their own homes	...	...	...	...	...	...	...	8
Financial assistance given with holidays	...	...	...	...	...	...	...	2
Loan of a television set	...	...	...	...	...	...	...	4
Taking part in activities of the Birmingham Fellowship of the Handicapped	...	...	...	...	...	...	...	58

Financial aid is also granted to the Midland Spastic Association to assist in their work for spastics.

EPILEPSY

During 1968 assistance was given by the Welfare Committee to epileptics as follows:-

Maintained in colonies	...	...	...	...	...	...	...	24
Resident in Part III accommodation in welfare homes	...	...						21
Participating in Handicraft Scheme	...	...	...	...	...			27
Doing outwork arranged by the Welfare Department	...	...						15
Assisted with adaptations in their own homes	...	...	...					2
Loan of a television set	...	...	...	...	...	...	...	1
Taking part in activities of the Birmingham Fellowship of the Handicapped	...	...	...	...	...	...	...	25

A large hall is also made available by the Welfare Committee at a nominal charge for a weekly meeting of the British Epilepsy Club.

One hundred and fifty four epileptic children of school age were known to the Education Department at the end of 1968. Of these the following were in:-

Primary schools	...	...	...	...	...	...	...	68
Secondary modern schools	...	...	...	...	...	...	...	86

There were 21 maintained at residential establishments and 102 were at special day schools.

FIRST AID AND STAFF WELFARE SERVICE MEDICAL EXAMINATIONS, CREMATIONS

First-Aid and Staff Welfare Service

This service is under the supervision of the Medical Officer for Corporation Staff Welfare.

The number of attendances at the Council House and Bush House Surgeries, staffed and maintained by the Public Health Department, was 5,319 compared with 5,173 in 1967.

Additional facilities are also provided, but by other Corporation Departments. There were, for instance, 950 attendances at the Baskerville House Surgery.

Employees from all Corporation Departments may make use of the service which works in co-operation with general practitioners and hospitals and is of great mutual benefit to employer and employee.

In collaboration with the Chief Public Health and Housing Inspector, Corporation Departments are advised and assisted in complying with the first-aid requirements of the Factories Act, 1961 and the Offices, Shops and Railway Premises Act, 1963.

Medical Examinations

Medical Examinations carried out by:-

(a) *The Medical Officer for Corporation Staff Welfare :-*

	1968	1967
Non-manual employees	1,672	1,933
Manual employees	995	1,156
On behalf of other Local Authorities ...	36	31

(b) *Other Local Authorities on our behalf :-* 76 75

The above figures relate only to the medical examinations carried out by the Medical Officer for Corporation Staff Welfare and do **NOT** include those done by:-

1. The School Health Service medical officers, on behalf of the Education Department and other local authorities.
2. The Panel of Medical Practitioners from whom 1,023 completed forms in respect of manual employees were received and dealt with in this department.
3. Other doctors with whom some Corporation Departments have special arrangements.
4. The doctors who advise the Treasurer of the City when the question arises of the retirement of Corporation employees on the grounds of permanent ill-health.

Cremations

The Medical Officer for Corporation Staff Welfare is also the Medical Referee for the two Municipal Crematoria, with several other Medical Officers in the Department acting as his deputy in his absence.

NUMBER OF CREMATION CERTIFICATES EXAMINED :-

							1968	1967
Lodge Hill	...	...	...	...	...		3,293	3,050
Yardley	...	...	...	...	...		2,232	2,135
							<hr/>	<hr/>
						Totals:	5,525	5,185
							<hr/>	<hr/>

FOOD HYGIENE

The supervision of the hygiene of food, food handling and food premises continued to be a shared responsibility and the Chief Public Health and Housing Inspector exercised control over foodstuffs and food premises throughout the City, with the exception of the central wholesale and retail markets and the inland rail port which remained under the supervision of the Chief Veterinary Officer and his Food Inspection Section who supervised also all slaughtering at the city abattoir and at certain private slaughterhouses and bacon factories. The supervision of milk, dairies and ice cream, which had hitherto been carried out by a specialist section, was, at the beginning of the year, transferred to the control of the Chief Public Health and Housing Inspector.

Veterinary services and the work of the City Analyst and the Food and Drugs Sampling Officers are dealt with elsewhere in the Report.

This chapter, therefore, consists of two parts, first the work of the Public Health Inspectorate and then that of the Veterinary and Food Inspection Section.

CHIEF PUBLIC HEALTH AND HOUSING INSPECTOR'S SECTION

INSPECTION OF PREMISES AND FOODSTUFFS

Examination of foodstuffs in the course of their progress to the consumer and inspection of food premises and food shops are of prime importance both for the protection of the purchasing consumer and of public health. The City is now divided into four divisions and attached to each division are two district food inspectors who work under the supervision of the divisional public health inspector and in association with the district inspectorate. Inspectors share the routine inspection of food premises and food stuffs; complaints are investigated and the specific requirements of the Food and Drugs Act, 1955 and the various Regulations and Orders made thereunder are enforced.

This has been the first full year's working of the reorganised public health inspectorate and a total of 55,380 visits was made in connection with food and the hygiene of food premises.

Food Premises subject to the Food Hygiene (General) Regulations, 1960

	<i>Number of premises</i>	<i>Number which comply with Reg. 16*</i>	<i>Number to which Reg. 19 applies†</i>	<i>Number which comply with Reg. 19†</i>
Butchers (including those registered for food preparation)	920	920	920	920
Grocers	872	872	863	863
Greengrocers	740	740	738	738
Fishmongers	30	30	30	30
Other food shops	2,672	2,669	1,421	1,419
Horseflesh shops	1	1	1	1
Licensed premises	1,890	1,890	1,866	1,880
Bakehouses	70	70	70	70
Factory canteens	762	762	762	762
School canteens	486	486	486	486
Eating houses and catering premises	935	935	935	935
Fish and chip friers	341	341	341	341
Breweries	6	6	6	6
Sweet manufacturers	14	14	14	14
Biscuit manufacturers	1	1	1	1
Potato crisp manufacturers	2	2	2	2
Jam makers	1	1	1	1
Mineral water factories	2	2	2	2
Registered food preparation premises (other than butchers)	52	52	52	52
Cold stores	4	4	4	4
Ice cream manufacturers	31	31	31	31
Egg pasteurisation plant... ..	1	1	1	1
	9,833	9,830	8,547	8,559

* Regulation 16 requires the provision of wash hand basins, water supply, etc.

† Regulation 19 requires the provision of facilities for washing food and equipment.

Note:- The premises which do not comply with Regulations 16 and 19 are comparatively few. In the main these are new businesses where the premises are in the process of being brought up to standard.

Registered Food Preparation Premises

Certain food preparation premises such as those used for the manufacture of sausage, cooked meats and pork pies or for the preservation, potting or pickling of food are required to be registered under Section 16 (1) of the Food and Drugs Act, 1955.

At the end of the year there were 228 such registered premises in operation of which the bulk (176) were butchers' premises mainly engaged in the manufacture of sausage or the preserving of meat.

Registered Eating Houses and Catering Premises

Section 54 of the Birmingham Corporation Act, 1935, requires the registration with the Corporation of all premises substantially or mainly used for the sale of food to members of the public for consumption on the premises. Exception to this requirement is where a justice's licence for the sale of alcoholic liquor is held. At the end of the year there were 935 registered catering premises compared with 881 at the end of 1967.

Licensed Premises

Notifications of applications submitted to the Justice for licences to sell intoxicating liquor or for registration of clubs are sent to the Department as they are received so that opportunity can be given for objection to be raised where the requirements of the Acts and Regulations delegated to the Health Committee have not been met. There were 275 notifications received during the year most of which were for the renewal of existing registrations. Opportunity was taken to carry out inspections and call for improvements as required. In no case was it necessary to raise formal objection with the Justices to the registration of any premises.

The special visits to full on-licence premises were continued during the evening peak trading hours, followed by a visit during the day soon afterwards and a total of 47 on-licence premises were visited at night during the year.

At the end of the year the total of premises licensed for the sale of intoxicating liquor was 1,890 premises which included 756 public houses, 624 off-licences, 73 restaurants and 437 clubs.

Public health inspectors made a total of 1,170 visits during the year to all types of licensed premises and where necessary improvements were secured by verbal or written approach to the managements concerned. In only one case were legal proceedings necessary and this involved the offence of smoking while handling food.

Bakehouses

The number of bakehouses operating in the City remains at 70 and of these 30 premises are solely engaged in the manufacture of cake confectionery, two restrict their activities to the baking of bread and the remaining 38 manufacture both bread and confectionery in varying proportions. A total of 160 visits was made to bakehouses during the year and the general standard of hygiene was found to be good but there were one or two offenders and in the case of two small bakeries improvement was not readily forthcoming and it was found necessary to take legal proceedings for contraventions of the Food Hygiene (General) Regulations, 1960.

Sampling of imitation cream continued and at a major confectionery bakery a series of poor bacteriological results was received. Investigation showed poor stock rotation at the bakery coupled with over-stocking of supplies. Advice was given but despite this another series of adverse bacteriological samples was obtained a month or so later and further investigation showed that undue delay was taking place at the premises of the wholesale supplier of the imitation cream situated outside the City. The bakery then made arrangements to receive future supplies direct from the manufacturer on a daily basis and all subsequent samples proved to be satisfactory.

School Canteens, Kitchens, etc.

Regular visits are made to school canteens to inspect food supplies, kitchens and storage conditions. Special checks are made at regular intervals and on request to examine meat, fish and other supplies of food and, where necessary, to check that quality and prices are according to the condition of contract. This service to schools is also extended to homes and residential premises operated by the Children's Welfare and Public Health Departments and reports on unsatisfactory food supplies are made to the Central Purchasing Department and also taken up with the suppliers. At the same time, where food preparation conditions are found to call for improvement, the responsible departmental head is advised.

A total of 3,733 visits was made to this class of premises during the year.

Factory Canteens

Regular visits of inspection are made to factory canteens which continue to play such a large part in the feeding habits of many workers and cater for thousands of main meals each day. A generally good standard of hygiene in food handling and of the premises was reported. There were 761 canteens known to be operating in the City in 1968 compared with 764 at the end of 1967, and a total of 528 visits was made.

Food Hawkers, Mobile Shops, Mobile Canteens, etc.

A hawker of food, which term includes the operator of a mobile canteen or shop, must be registered under the provisions of Section 42 of the Birmingham Corporation Act, 1948, before he can operate in the City. Under this Section, no one, other than a person keeping an open shop for sale of food, shall either by himself, or by any person employed by him, sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle unless he is registered with the Corporation. In addition if it is necessary to use premises for the storage of food intended for such sale from any cart, barrow, etc., then the premises must be suitable and registered with the Corporation.

At the end of the year the number of persons so registered was 467 and this figure included 35 operators of mobile canteens.

The provisions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966, apply in these cases. The co-operation of the operators in meeting requirements has been generally and readily forthcoming and in only two cases was it necessary to take legal proceedings to secure compliance with the Regulations.

Complaints and Request Inspections of Foodstuffs

A total of 2,891 visits was made during the year in connection with complaints regarding foodstuffs and requests to examine food which was thought to be unfit. Complaints received totalled 607 and below is a table setting out the various foods in respect of which complaints were received:—

<i>Commodity</i>	<i>Total complaints</i>	<i>Foods containing foreign matter</i>		<i>Mould affecting food</i>	<i>Other complaint</i>
		<i>Home produced food</i>	<i>Imported food</i>		
Milk	59	38	1	3	17
Butter	9	1	2	2	4
Cheese	13	3	2	5	3
Bread	69	39	—	23	7
Canned Meat	44	4	14	3	23
Cooked Meat	32	8	—	10	14
Meat Pies	61	22	—	31	8
Fish	17	3	1	—	13
Fruit	20	4	8	4	4
Jam	6	2	1	2	1
Vegetables	40	14	5	6	15
Cereals	5	2	1	1	1
Sweets	3	2	—	1	—
Confectionery	82	38	—	29	15
Other Food	147	53	8	15	71
TOTALS	607	233	43	135	196

It will be seen that nearly half the complaints refer to foreign matter in food and most of these relate to the home produced foods.

Many of the complaints of mould affected foods are seasonal and arise in the warmer and humid summer months. This almost always indicates poor stock rotation and in some instances the failure of the manufacturer to impress upon the retailer the short shelf life of certain foods and the contributory failure of the retailer to appreciate this. There is room for considerable improvement in this direction including closer attention to coding, dating and rotation of stocks. A recent recurrent complaint of deterioration in seemingly freshly canned goods was shown to arise from the practice of retailers slitting cardboard bulk containers with a sharp knife which accidentally punctured the cans.

All complaints are investigated and in most of these the complaint is taken up with the manufacturer or distributor of the foodstuff concerned who is invited to visit the Department, to examine the foodstuff and make observations on the complaint. In some cases the evidence is inconclusive and it is impossible to allocate the blame to anyone with certainty, but in the majority of cases the shopkeeper, distributor or manufacturer is issued with a warning and where possible advised on any steps he should take to avoid repetition of the cause of the complaints. In a number of cases it is found necessary to institute legal proceedings.

These investigations are most time consuming and one complaint may involve several visits, telephone calls, interviews and letters before a conclusion is reached. All this is very worthwhile, and lessons are learnt and taught which add to the protection and safety of our food.

There is still room, however, for the consuming public to exercise its own safeguards and if purchasers will readily draw the attention of food traders to unsatisfactory products and let them know that a high standard is expected and complaints will be pressed unless it is maintained, then in the long run a high standard will be achieved.

Imported Food and Inland Road Port

The Imported Food Regulations, 1968, came into force in August, 1968 and made provision that, if desirable, inspection of imported food might be deferred until it had reached its place of destination. In the smaller seaports and, indeed, in some of the larger over-worked ports, it is not a practical proposition for all classes of food to be regularly inspected and this has been made more difficult with the increased use of bulk containers which are often sealed and refrigerated. The Regulations permit the receiving port health authorities to defer examination and to notify the local authority to whose area the food is destined who are then responsible for its inspection.

Since the Regulations came into force there has been a small but steady influx of unexamined food into the City from seaports, in particular from Liverpool, Holyhead and Hull and to a lesser degree from Fishguard,

Manchester and Glasgow. Almost all of the foodstuffs have been consigned direct to wholesalers or other food firms in the City and have been inspected by this Department's officers on arrival.

In anticipation of the increased use of large containers two main centres, or container bases, have been set up specially designed for the reception of container traffic, one for receipt of rail traffic and the other for road traffic from the seaports. Neither container base is functioning fully but it is anticipated that the road traffic container base which is designed for the Australian trade and is on the north side of the City adjacent to the motorway, will come into fuller use in the spring of 1969.

It is impossible to assess accurately the extent or rate of growth of this container trade but from trade forecasts this is likely to be appreciable. The City has been equipped with two of the largest container and goods receiving depots in the country, one road, one rail, and it is quite likely that the City will assume the role of a large inland port, situated as it is strategically. In the long term this will involve increased work and responsibility for the Department's officers in examining food destined not only for the City but probably for the whole Midland region.

Legal Proceedings involving Food and Food Premises, etc.,

During the year it was found necessary to institute legal proceedings in the following cases:-

	<i>Cases taken</i>	<i>Fines imposed</i>
Section 2 Food and Drugs Act, 1955 (Selling food not of the nature, substance or quality demanded by the purchaser)	15	£403
Food Hygiene (General) Regulations, 1960 (Dirty, defective or insufficiently equipped premises and offences in connection with the handling of food)	16	£1,378
Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 (Dirt, disrepair, lack of sufficient equipment and offences in connection with the handling of food) ...	2	£31

In the proceedings taken under Section 2 of the Food and Drugs Act, 1955, five of the cases were in respect of foreign matter found in food and included cloth found in a meat pasty, steel splinter in sausage, insects in biscuits and dead mice found in brown sugar and a sausage roll. Seven cases involved the sale of mould affected foods all of which were bakers' products. They appear to have arisen through lack of care in stock rotation. The remaining three cases concerned decomposing and unfit chickens, bacon and ham. All but two of the defendants pleaded guilty. One case was found proved by the magistrates. In the other case, of a mould affected pie, a plea of warranty was entered which was accepted by the bench and the charges were dismissed.

In the proceedings taken under the Food Hygiene (General) Regulations, 1960, there were two bad cases where proprietors of restaurants had permitted their premises to deteriorate. At one of the restaurants evidence was given as to the presence of an inch and half of food debris on parts of the kitchen floors with dozens of dead cockroaches, mice droppings and cigarette ends. Eleven charges were preferred against the manager and 15 charges against the limited company and a total of £395 in fines was imposed. At the second restaurant conditions were almost as bad with food scraps and general dirt, including rat faeces, littering the food preparation and storage rooms. Proceedings were taken against the manager who accepted responsibility and pleaded guilty to seven charges for which he was fined a total of £140. Proceedings would have been taken against the proprietor of the business but before this could be done he went on a prolonged visit abroad. One of the worst cases involving contraventions of the Regulations concerned a general stores at which most foods were sold including meat, grocery, greengrocery and both live and dressed chickens. Here conditions took several foolscap pages to list including such phrases as 'shelves beneath the counter were filthy and stacked with an assortment of foods, torn paper, dead insects and the assorted remains of half eaten meals'; 'strung beneath the cutting block and the mincing machine was a dirty hessian sack three parts filled with decomposing meat trimmings'; 'a cat was asleep on a pile of sugar'; 'there was no hot water available'; the sink was encrusted with solid dirt and gave off an offensive odour'. Sixteen charges were preferred against the two proprietors of the business and horrified magistrates imposed heavy fines totalling £532.

Game Dealers

Game dealers are required to obtain a licence from the local authority which must be produced in support of an application for an excise licence. Licences are granted annually on 1st July and at the end of the year there were 58 licences in force.

MILK AND DAIRIES AND ICE CREAM

The final re-allocation of duties previously carried out by the Milk and Dairies Section took effect at the beginning of the year and the responsibility for inspection and duties in connection with milk, dairies and ice cream was transferred to the Chief Public Health and Housing Inspector.

In order to ensure continuity of policy, the routine inspection of the six processing dairies, the seven large ice cream and iced lollipop manufacturers and the one egg pasteurisation plant, was made the responsibility of one inspector with a wide experience in this type of work, based at the Divisional Office, Perry Barr. All other inspections and duties in regard to milk and ice cream were dealt with by the public health inspectorate on a divisional basis.

Dairy premises, etc.

The number of dairy and allied premises under inspection at the end of the year was as follows:—

Pasteurising plants all H.T.S.T.	...	...	...	...	...	...	5
Sterilising plants	...	...	...	...	...	...	4
Distributing depots	...	...	...	...	...	...	24
Retail purveyors	...	...	...	...	...	...	18

Two new milk distribution depots, one on the northern side and the other on the southern side of the City, came into use. The construction of a new milk sterilising dairy on the northern side of the City was begun. This is intended to replace an existing dairy which is situated in the central industrial area. It should be completed towards the end of 1969.

Ultra heat treated milk "Long-life"

The sale of this designation of milk was introduced into numerous supermarkets during the course of the year. The total gallonage sold must have increased considerably but accurate figures are not obtainable since supplies come from several sources outside the City. Milk of this kind is still not produced within the City.

Untreated milk

No untreated milk is retailed in the City. Adverse results of the Brucella Ring Test made on samples of raw milk on delivery to processing dairies are brought to the attention of local authorities in whose area the milk is produced, for on the spot investigation and action. Milk containing the bacterium *Brucella abortus* can cause the disease undulant fever in man but cases of persons suffering from undulant fever more often occur in rural areas where some families consume untreated milk. Heat treatment, as carried out in this City, renders infected milk completely safe.

Cold milk dispensing machines

Machines are located at 191 catering premises within the city. They are refrigerated and are utilised for the storage of milk in bulk from which large and small quantities can be drawn off by tap either for immediate consumption or for cooking purposes.

The machines are of two very different kinds. The older model consists basically of a stainless steel refrigerated base into which a metal draw-off tap is fitted, and mounted on the base, set in a rubber washer, is a covered "Perspex" cylinder which forms the storage tank. The later machine consists of a refrigerated box into which is loaded a filled and sealed polythene pack of milk which is protected by a corrugated cardboard outer cover. The sealed pack is fitted with a sealed draw-off tube which is threaded through a clip on the machine. When the clip is in place, the sealed end of the tube is cut off and milk may then be drawn off using the clip as a control valve.

Supplies of milk for the older machines are received in churns or bottles and are hand filled into the machines. Contamination caused by careless handling or the use of unclean utensils can be introduced at this stage. The correct cleansing and sterilising of the machines is a time-consuming and painstaking operation and is not always carried out. Indeed in some instances it is completely neglected and this may present a potential public health hazard.

Cleansing and sterilising procedures mentioned in connection with the older machines are unnecessary in the newer machines since the sealed milk packs are filled hygienically on registered dairy premises.

Failures shown by the methylene blue test of milk samples obtained from dispensing machines were followed up by the inspectorate. Thirty-eight samples (12·8%) failed out of a total of 298 taken. Advice was given on correct cleansing, sterilising and storage procedures and, where necessary, techniques were demonstrated. It is significant that only five of the samples which failed the methylene blue test were obtained from the latest type of machine which is now being more widely distributed by the Milk Marketing Board.

Milk Vending Machines

These are machines into which half-pint treated paper cartons of milk are loaded for automatic coin operated sale. They are equipped with refrigeration units which maintain milk below a temperature of 45° F. The machines are generally sited outside licensed milk shops, in commercial and industrial canteens and in some places of public entertainment.

Properly maintained, the machines provide a satisfactory and useful service but poor storage and stock rotation before loading into the machines or inattention to stock rotation in the machines during re-loading can lead to samples of poor hygienic quality. It has been noted that in machines where a choice of more than one column is available for the same product, there is a tendency for one particular column to be used in preference to others. Care therefore must be taken to redistribute unsold cartons from the less popular columns into the favourite one when re-loading the machine or, if sales are not particularly brisk, to discard the unsold milk.

A complaint was received from a neighbouring local authority concerning unsatisfactory samples of milk obtained from a machine in its area, the owner of which received his milk supplies from a city dairy. Investigation showed that the milk was of a satisfactory standard when dispatched from the dairy but was at least four days older when sampled. Changes in the quantities and frequency of ordering and despatch rectified the trouble and there has been no further complaint.

Complaints

A total of 45 complaints was received; these are summarised as follows:—

	<i>General public</i>	<i>Schools</i>
Inadequately cleansed bottles	20	1
Foreign objects in bottles	8	4
Taints and abnormalities	5	1
Sour	2	—
Chipped and broken bottles (dangerous)	—	3
Caustic contamination of outside of bottles	—	1

The most frequent complaints related to unsatisfactory cleansing of bottles. The presence of stale milk solids and mould growths on solids which are usually freed by the normal washing process but fail to leave the bottle is a condition which commonly gives rise to this type of complaint, and there were eight such cases reported. Bottles contaminated with paint accounted for two complaints, and ten bottles were fouled with either oil, cement, sand or green algae. The principal cause of bottles becoming so fouled is their use in factories and on building sites where they are often misused or where they may lie about for long periods before eventually finding their way back to dairies.

Very large numbers of bottles in foul and abnormally unclean conditions are hand sorted at dairies where they are subjected to special hand washing. Where this proves ineffective, they are destroyed. Despite these precautions some such bottles do find their way into the normal bottle washing machines which are incapable of cleansing bottles in such a condition.

Foreign objects most frequently encountered were old foil milk bottle tops which had been forced into the bottles. These do not always fall out during the washing process. Hairpins, plastic toys and pieces of plastic tubing have all given rise to complaints of this kind. On two occasions, transparent plastic tubing was found in school milk bottles. This proved to be substitute drinking straws used instead of the traditional paper straw. The transparent nature of the tubing made it difficult to detect inside the bottle and the dairy concerned reverted to the supply of the paper type of straw after representations from this Department.

Three complaints of 'off' flavour or taint in milk were considered unjustified — no abnormality being detected. One complaint of 'iodine' flavour in milk may have been due to the excessive use of iodophors for the sterilisation of dairy equipment at some stage of production, or misuse of the bottle for containing a chemical with an iodine ingredient.

Two instances of brown coloured sedimentation in homogenised pasteurised milk and in sterilised milk were reported. The sediment complained of settled out only after several days standing and was even then only apparent to the keenest of eyes. It is a natural condition in milk due to the presence of animal cells stripped from cows' udders during

milking. It more often occurs in late autumn and spring when the feeding habits of the cattle undergo seasonal changes and it does not adversely affect the milk.

Three instances of very badly chipped $\frac{1}{2}$ pint schools milk bottles were brought to the notice of inspectors. Two originated from the same dairy where it was found that the use of a fork lift truck was the cause of the trouble. The other instance was explained as being due to animosity between a school caretaker and a dairy's roundsman. The crates of milk were subjected to harsh treatment by the men as the result of their venting of ill will towards each other.

No satisfactory explanation could be found for the external contamination of school milk bottles with a caustic powder which had corroded the foil capping. The contents were found to be sound on examination but the whole consignment was replaced by the dairy concerned as a precaution.

One prosecution was taken under Regulation 27 of the Milk and Dairies (General) Regulations, 1959. A plea of "guilty" was entered to the charge of supplying milk in an improperly cleansed vessel. A fine of £10 was imposed.

Fresh Cream

The inspectorate follow up adverse reports on samples of fresh cream and advise where necessary. There is no legal standard for the hygienic quality of cream and comment is based on a methylene blue test carried out in accordance with the recommendations of a working party of the Public Health Laboratory Service whose report was published in 1958.

Investigations into unsatisfactory samples of fresh cream obtained from one of the city centre multiple stores showed poor stock rotation, which, coupled with poor storage, is one of the principal causes of deterioration of cream at retail outlets. Advice was given which the management were grateful for and acted upon, but the producer of the cream, located outside the City, proved less co-operative with regard to suggestions made for the introduction of a date coding system. A further series of unsatisfactory samples resulted in the cancellation of the contract with the supplier by the store's management. This as far as is known, was the only retail outlet for the particular brand of cream in the City.

Ice Cream and Iced Lollipops

Registration of persons and premises for the manufacture and sale of ice cream and iced lollipops is effected under Section 54 of the Birmingham Corporation Act, 1935 as extended by Section 58 of the Birmingham Corporation Act, 1954.

There was a continued increase in the number of persons and premises registered to sell ice cream and iced lollipops, there being 109 new registrations, reduced by 54 cancellations. There was also an increase of 17 in the number of mobile vendors registered to manufacture and sell ice cream.

At the end of the year the number of persons and premises registered to manufacture or sell these commodities was as follows:—

Persons

Persons

(a)	For manufacture and sale of ice cream	...	...	...	...	97
					<i>66 in respect of the manufacture of soft ice cream on mobile vehicles)</i>	
(b)	For manufacture and sale of iced lollipops	...	...	...	...	22
(c)	For the sale only of ice cream and iced lollipops	...	...	...	...	3,112

Premises

(a)	For manufacture of ice cream	...	...	...	...	31
					<i>(25 in respect of shops with soft ice cream freezers)</i>	
(b)	For manufacture and sale of iced lollipops	...	...	...	...	22

All of the 60 unsatisfactory samples of ice cream (i.e. 51 Grade III and 9 Grade IV) were obtained either from soft ice cream before freezing or from soft ice cream freezers. All samples of “conventional” hard ice cream were satisfactory. Principal causes of failures in soft ice cream were poor stock rotation, unsatisfactory storage of mix (usually stored on vans), and insufficient attention to detail in cleansing and sterilising procedures of freezers and equipment. Where poor results were revealed, “follow-up” inspections were carried out and instructions and demonstrations given on correct cleansing and sterilisation methods and on storage and stock rotation.

The unsatisfactory samples obtained from iced lollipops were all from the composite type of confections, i.e., those consisting of a core of hard ice cream enrobed in a flavoured syrup. The additional handling involved in the production of this type of lollipop increased the risk of contamination. Following a series of unsatisfactory samples of this kind of lollipop, representations were made to the maker of one particular brand and to the local authority controlling the place of production, and, as the result of our observations the production of the lollipops in question was discontinued.

One complaint was received of metal in an iced lollipop. This proved to be a piece of tin solder from a mould used in the manufacture of the lollipop.

The presence of mould growth on the ice cream portion of a composite confection was investigated on complaint. This was an isolated case and was attributed by the outside city manufacturer to a break in refrigeration at some stage of transport or storage.

Representation to the management of a nationally known ice cream company located in the metropolitan area regarding a series of Grade III results, brought about a considerable improvement in the hygiene of subsequent supplies.

Yoghourt

Three instances of mould on the top of newly opened cartons of yoghurt were investigated. All were attributed to poor stock rotation and appropriate advice was given.

SAMPLING OF MILK, ICE CREAM AND ALLIED PRODUCTS

Sampling officers responsible for sampling of milk, ice cream etc, who had hitherto worked under the supervision of the specialist Milk and Dairies Inspectors, were transferred at the beginning of the year to the Food and Drugs Sampling Section. Their samples are taken, in the main, for tests of hygienic quality and the results are recorded, as in previous years, in this chapter. Reference to other samples of food and drugs is to be found, as in the past, in the part of the Report dealing with the work of the Analytical Laboratory.

PASTEURISED MILK

	<i>Methylene Blue Test</i>		<i>Phosphatase Test</i>	
	<i>Number submitted</i>	<i>Number failed</i>	<i>Number submitted</i>	<i>Number failed</i>
<i>From dairies inside City</i>				
From roundsmen ...	362	Nil	381	Nil
From schools ...	97	Nil	97	Nil
From vending machines	51	3(5.88%)	50	Nil
From churns ...	37	2(5.41%)	Nil	—
<i>From dairies outside City</i>				
From roundsmen ...	166	Nil	174	Nil
From vending machines	36	1(2.78%)	36	Nil
From churns ...	13	1(7.69%)	Nil	—

In addition to the above, 26 samples were declared "void" on account of excessive shade temperatures.

STERILISED MILK

	<i>Turbidity Test</i>	
	<i>submitted</i>	<i>failed</i>
From dairies inside City	93	Nil
From dairies outside City	28	Nil

ULTRA HEAT TREATED MILK

	<i>Plate Count.</i>	
	<i>submitted</i>	<i>failed</i>
	49	Nil

Cold Milk Dispensing Machines

A total of 297 samples (plus one "void" sample) was taken. There were 167 from the older type of machine which requires more conscientious cleaning and of these 33 (19.76%) failed the methylene blue test. Results from the newer type of machine with a disposable insert were much better, only 5 samples (3.85%) out of 130 failing the test.

Churn and Bottle Washings

Examination of churns and bottles after their run through the washing plant at the dairies gave the following results.

Churns 23 samples taken: All satisfactory.

Bottles 36 samples taken: Six were regarded as unsatisfactory, giving counts above the recommended standard of 600 organisms per bottle.

Fresh Cream

399 samples were submitted for the provisional methylene blue test:—

<i>Number of samples</i>			<i>Decolourisation time</i>
3	...	...	0 hours
133	...	...	$\frac{1}{2}$ to 4 hours
263	...	...	More than 4 hours

The number of samples decolourising methylene blue in 0 hours was considerably fewer than in 1967.

Imitation Cream

Samples taken from bakeries gave the following results:—

			<i>Plate Count</i>		<i>B. Coli present</i>
			<i>Satisfactory</i>	<i>Unsatisfactory</i>	
Unopened containers	...	92	87	5	Nil
Mixing bowl	...	86	86	Nil	Nil
Other baking utensils	...	23	23	Nil	Nil

The number of unsatisfactory samples was considerably fewer than in 1967. Such cases as occurred were taken up with the suppliers.

Ice Cream

Samples of ice cream were submitted for a provisional methylene blue test. The results were as follows:—

<i>Grade</i>	<i>Ice Cream manufactured on premises in the City</i>	<i>Ice Cream manufactured on premises outside the City</i>	<i>Total 1968</i>	<i>Total 1967</i>
1 & 2	350 (87.50%)	279 (96.54%)	629 (91.29%)	532 (92.36%)
3 & 4	50 (12.50%)	10 (3.46%)	60 (8.71%)	44 (7.64%)

The action taken regarding unsatisfactory samples is commented on above.

Iced Lollipops

One hundred and forty seven samples were submitted for bacteriological examination – 44 from manufacturers within the City all of which were satisfactory and 103 from manufacturers outside the City, of which 9 had *B. Coli* present and were therefore unsatisfactory. The action taken regarding these 9 samples is commented on above.

Egg

Thirty four samples of frozen whole egg for use as an ingredient in the preparation of food for sale for human consumption were submitted to the alpha amylase test. The results showed satisfactory heat treatment in each case.

Three samples of cartoned liquid egg and two of egg albumen were all satisfactory.

SHELLFISH

Of the various shellfish on sale, mussels are considered to be the most likely to give unsatisfactory results at the present time. The following table shows the numbers of samples taken and the results obtained. In each case the average *B coli* type 1 content of two pools of five mussels each was taken.

<i>Source</i>	<i>Number of Samples</i>	<i>Not exceeding 5 B. coli Type 1 per 1 ml. of fish (satisfactory)</i>	<i>Exceeding 5 but not exceeding 15 B. coli Type 1 per 1 ml. of fish (suspect)</i>	<i>Exceeding 15 B. coli Type 1 per 1 ml. of fish (unsatisfactory)</i>
A	49	47	1	1
B	17	16	1	—
C	13	11	2	—
D	10	9	1	—
E	5	5	—	—
F	4	2	1	1
G	2	2	—	—
H	1	1	—	—
TOTAL	101	93	6	2

In those cases where the results are classified as “suspect” or “unsatisfactory”, reports were made to the Medical Officer of Health concerned. No further supplies of mussels were received from source “F” and, in the other cases, subsequent samples gave satisfactory results.

In addition, four samples of cockles and one sample of oysters were taken during the year and all gave satisfactory results.

DISEASES OF ANIMAL ACTS

The Department is responsible through its Veterinary Section for carrying out the duties of the local authority under these Acts and the Orders made under them. In addition to those specifically mentioned below, these duties include the publication of the orders of the Ministry of Agriculture, Fisheries and Food, the supervision of the cleansing and disinfection of infected premises, the issuing of licences for the movement of animals and the enforcement of orders made for the protection of animals and poultry from unnecessary suffering during transit.

The three veterinary officers have been appointed local veterinary inspectors of the Ministry of Agriculture, Fisheries and Food in Birmingham, and in that capacity make diagnostic inquiries in the case of suspected scheduled disease.

Foot and Mouth Disease

The epidemic which began in October, 1967, and brought Birmingham under restrictions the following month, continued well into 1968. Birmingham was eventually released from restrictions on the 3rd May and the country was finally freed completely on 26th June, 1968. In the 25 weeks that movement restrictions were in force in Birmingham, almost 15,000 licences were issued for the movement of livestock. The issuing of these licences, the maintenance of up-to-date maps showing infected and controlled areas, and other duties connected with the epidemic caused a considerable amount of extra work for the Veterinary Section and entailed the engagement of a temporary clerk to assist the permanent staff.

Routine visits to pig keepers and farms, which were discontinued in October, 1967, were not resumed until the autumn of 1968 to avoid the risk of spreading any infection.

Dead Animals

Animals found dead on arrival at their destinations or which may die whilst awaiting slaughter, and pigs which die on private premises, are examined to ascertain the presence or otherwise of anthrax or other scheduled contagious disease. The following table shows the numbers found dead during the year:-

					<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>
City Abattoir	...	...	...	...	2	10	104	33
Other Slaughterhouses	...	...	...	...	—	—	—	92
Pig keepers' premises	...	...	...	...	—	—	—	11
					2	10	104	136

The result of the examination was negative in each case.

Diseases of Animals (Waste Foods) Order, 1957

This order provides for the licensing by local authorities of plant used for the boiling of waste food intended for feeding to animals or poultry. At the 31st December, 1968, 20 licences remained in force.

Pig Keepers' Premises

These premises are visited to examine dead pigs, to inspect the records which are required to be kept under the Movement of Animals (Records) Order, 1960, and to check that the provisions of the Diseases of Animals (Waste Foods) Order, 1957, are complied with. Additionally, visits are made to see store pigs which have been brought into the City under licence, during the period of 28 days' detention prescribed by the licence. During the year, 856 store pigs were licensed to premises in the City and 20 visits were made.

Dairy Farms

At the end of 1968, only five dairy herds remained within the city boundary and the total number of cows kept was approximately 170.

A veterinary officer of the department makes periodical visits to these farms, but regular supervision is the responsibility of the Ministry of Agriculture, Fisheries and Food.

Tuberculosis (Bovine)

Post-mortem examinations were made on 13 cattle which had reacted to tuberculin tests and which were sent to the abattoir for slaughter. A report of the post-mortem findings was sent to the Ministry of Agriculture, Fisheries and Food in each case.

Importation of Dog and Cats Order, 1928

The R.S.P.C.A. kennels at Barnes Hill, California, are approved by the Ministry of Agriculture, Fisheries and Food as a place of detention and isolation for imported dogs undergoing quarantine.

A veterinary officer visits the premises once in every period of four weeks and makes a report to the Ministry of Agriculture, Fisheries and Food.

Certificates for export

Export certificates are issued when required for straw, animal casing, meat, dogs and birds which are to be exported. The form of certificate varies according to the requirements of the country of destination; in the case of dogs for certain destinations, blood samples have to be taken and submitted to the Ministry of Agriculture laboratory for examination.

VETERINARY AND FOOD INSPECTION SECTION

SLAUGHTERHOUSES AND MEAT INSPECTION

In addition to the public abattoir, which is the main slaughtering centre in the City, at the end of 1968 there were ten licensed private slaughterhouses. However, two of these were not actually in use during 1968, both having ceased in November 1967 during the period of foot and mouth disease restrictions, and neither resumed slaughtering when things returned to normal. They were small and their annual throughput in previous years was a very small proportion of the total.

Meat inspection is carried out by a staff of authorised meat inspectors under the supervision of veterinary officers, and animals are examined before and after slaughter to ascertain their fitness for human consumption. This staff is based at the public abattoir, where a laboratory is maintained to assist in the diagnosis of various diseases, and visits are made as necessary to the private slaughterhouses. 3,048 such visits were made in 1968.

The meat inspection staff are also responsible for ensuring that high standards of hygiene are maintained in the slaughterhouses, that slaughtering is carried out humanely, and for the inspection of the vehicles used for the transport of animals and of meat.

It is not usually necessary to take legal action to ensure compliance with the required standards, verbal warnings and/or advice usually being sufficient. In two instances however, proceedings had to be taken under the Slaughterhouses (Hygiene) Regulations, 1958, for smoking in a slaughterhouse. A fine of £10 was imposed in each case.

Animals slaughtered in the City

The following table shows the numbers of animals slaughtered at slaughterhouses in the City with comparative figures for 1967.

				<i>Beasts</i>	<i>Calves</i>	<i>Sheep</i>	<i>Pigs</i>	<i>Total</i>
Public Abattoir	...	...	1968	36,117	9,948	260,012	78,959	385,036
			1967	37,673	18,968	221,165	67,055	344,861
Private Slaughterhouses	...	1963		504	42	5,523	107,485	113,554
		1967		675	39	6,293	114,668	121,675
<hr/>								
TOTAL	...	...	1968	36,621	9,990	265,535	186,444	498,590
			1967	38,348	19,007	227,458	181,723	466,536

Incidence of Disease

The following tables show the incidence of various diseases in food animals slaughtered in the City.

CONDEMNATIONS

AT PUBLIC ABATTOIR

AT PRIVATE SLAUGHTERHOUSES

	Carcases		Offal		Carcases		Offal	
	Total	Partial	Total	Partial	Total	Partial	Total	Partial
ADULT CATTLE:								
Tuberculosis	—	2	—	9	—	—	—	—
John's disease	—	—	—	—	—	—	—	—
Actinobacillosis (—mycosis) ...	—	—	—	93	—	—	—	1
Septicaemic conditions	17	5	16	5	—	—	—	—
Pneumonia and/or pleurisy ...	2	4	3	3594	—	—	—	5
Peritonitis	4	34	3	1010	—	—	—	1
Mastitis	—	—	—	—	—	—	—	—
Hepatic abscess	—	—	—	1818	—	—	—	2
Fascioliasis (flake)	—	—	—	10367	—	—	—	91
Parasitic pneumonia	—	—	—	—	—	—	—	—
Echinococcosis	—	—	—	474	—	—	—	10
Cysticercosis (C. bovis)								
(a) Rejected	—	—	—	141	—	—	—	1
(b) Refrigerated	141	—	—	141	1	—	—	1
Tumours	—	1	—	—	—	—	—	—
Bruising	2	136	2	—	—	—	—	—
Emaciation and oedema	12	—	12	—	—	—	—	—
Other conditions	17	465	17	1563	—	—	—	2
CALVES:								
Congenital tuberculosis	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—
Septicaemic conditions	29	—	29	—	—	—	—	—
Joint-ill or navel-ill... ..	52	—	52	—	—	—	—	—
Bruising	1	8	—	—	—	—	—	—
Emaciation and oedema	16	—	16	—	—	—	—	—
Immaturity	—	—	—	—	—	—	—	—
Other conditions	22	10	34	6	—	—	—	—
PIGS:								
Swine fever	—	—	—	—	—	—	—	—
Swine erysipelas	26	10	26	—	5	27	5	—
Tuberculosis	14	—	14	1333	6	2	6	2826
Septicaemic conditions	107	21	107	1	57	—	57	—
Pneumonia and/or pleurisy ...	5	25	5	4764	7	118	7	4788
Pyæmia	83	—	83	—	87	2	87	—
Arthritis	16	438	16	—	13	319	13	—
Abscess	44	374	44	79	67	464	67	100
Echinococcosis	—	—	—	—	—	—	—	—
Ascariasis (Milk spot)	—	—	—	5438	—	—	—	5235
Bruising	1	168	1	—	2	182	2	2
Other conditions	58	122	58	1956	66	9	66	6638
SHEEP:								
Septicaemic conditions	187	181	191	7	—	—	—	—
Pyæmia	253	—	253	—	—	—	—	—
Pneumonia and/or pleurisy ...	9	18	9	1041	—	—	—	56
Arthritis	34	249	34	—	—	—	—	—
Fascioliasis (flake)	—	—	—	28141	—	—	—	380
Cysticercus ovis	1	—	1	—	—	—	—	—
Echinococcosis	—	—	—	17256	—	—	—	94
Bruising	12	102	—	1	—	—	—	—
Emaciation and oedema	1147	—	1147	—	4	—	4	—
Other conditions	266	655	279	2087	2	1	2	68

Licensing of Slaughtermen

The slaughtering or stunning of animals in a slaughterhouse or knacker's yard is permissible only by persons holding a licence granted by the local authority. Licences, other than renewals of existing licences, are granted subject to the condition that the holder may slaughter or stun animals only under the supervision of an experienced slaughterman; a full licence is then granted when the slaughterman has gained experience and can demonstrate his efficiency.

At the 31st December, 1968, there were 96 licences in force, six of which were provisional.

CENTRAL WHOLESALE AND RETAIL MARKETS AND
INLAND RAIL PORT

The markets concerned are the wholesale fish, fruit and vegetable markets, the Bull Ring Centre market hall and the Bull Ring open-air market. Senior food inspectors are engaged on work in these markets where a continuous check is made on the foodstuffs passing through and on the standards of hygiene.

Inspection of food at the inland port operated by British Rail near the city centre is also within the duties of the senior food inspectors. A very few isolated visits have been necessary up to the present as the port has only recently become operative but it is anticipated that this work will gradually build up.

Foodstuffs Judged as Unfit

					1967			1968		
					T.	c.	q.	T.	c.	q.
Meat and offal	...	...	...	...	317	11	2	369	7	2
Fish	...	...	...	...	30	14	3	38	19	1
Poultry, etc.	...	...	...	...	39	2	2	34	5	3
Fruit and vegetables	...	...	...	...	488	4	3	683	18	2
Miscellaneous	...	...	...	...	75	17	2	76	11	1
					951	11	0	1203	2	1

These figures represent all foodstuffs condemned throughout the City. The bulk of these foodstuffs – 1,103 tons 18 cwts. 2qrs. – was surrendered at the wholesale and central markets, public abattoir and private slaughterhouses before it reached the retail outlets. The remainder – 99 tons 3 cwts. 3 qrs. – was surrendered to the public health inspectors at food premises and shops throughout the City.

It will be seen that there was a very considerable increase in the quantity of fruit and vegetables condemned. This was mainly due to the wet weather in Britain and Europe but delays in transit also caused deterioration of some foodstuffs which resulted in condemnation. A substantial quantity of yams was condemned during the year; these have been coming into the country in increasing quantities during recent years and are very susceptible to the cold weather.

PET SHOPS

The Pet Animal Act, 1951, regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the local authority.

The licensing and inspection of pet shops is carried out by the Veterinary Section and during the year 116 visits were made to proposed new pet shops and to existing pet shops, to ensure that the conditions of the licence were being observed.

At the 31st December, 1968 there were 63 licensed pet shops in the City.

ANIMAL BOARDING ESTABLISHMENTS

The Animal Boarding Establishments Act, 1963 regulates the keeping of boarding establishments for dogs and cats and makes it an offence to keep such an establishment except under the authority of a licence granted by the local authority.

The licensing and inspection of these premises is carried out by the Veterinary Section and during the year 29 visits were made in connection with the granting of licences and to ensure that where licences had been granted, the conditions of the licence were being complied with.

At the 31st December, 1968 there were 10 licensed animal boarding establishments in the City.

RIDING ESTABLISHMENTS

The Riding Establishments Act, 1964 requires local authorities to inspect and license riding establishments. There are 2 licensed riding establishments in the City and during 1968, 8 visits were made.

CARE OF CORPORATION HORSES, ETC.

This work is carried out by the Veterinary Section and covers the provision of feeding stuffs and bedding for animals owned by the Corporation, the shoeing of the horses and veterinary attention when required.

Animal Feeding Stuffs and Bedding

A granary is maintained, supplies of feeding stuffs etc. being purchased in bulk and delivered to other departments and institutions as required.

Blacksmiths

A blacksmith is employed at the Department's forge. In addition to the shoeing of the Police horses, he carried out general work for other departments, mainly the Public Works Department.

Veterinary Attention

Animals belonging to the Corporation receive veterinary attention from one of the Department's veterinary officers whenever necessary. During the year, treatment was given to the Police horses and to dogs belonging to the Parks Department and Police.

The purchase of new horses and the sale of horses no longer required are arranged by the Chief Veterinary Officer. All new police dogs are examined, X-rayed for hip dysplasia, and vaccinated.

Horses

The Department owns 23 horses which are hired to the police. 2 new horses were bought during the year at a total cost of £635, as replacements for horses which were disposed of as unsuitable for further police work.

ENVIRONMENTAL HEALTH SERVICES

1968 was the first complete year since the re-organisation took place in June, 1967. During the year all the services were completely integrated. A third Division was outposted to No. 8, Meadow Road, Edgbaston, Birmingham. 17, some three miles from the City Centre and plans for the outposting of a fourth Division to Erdington progressed. Meanwhile, the fourth Division remained in an office within the City Centre but it was possible to vacate the large modern offices which had been occupied by the public health inspectors in Edmund Street since June, 1959.

The response from the staff has been very gratifying and on balance it would seem that there has been an improved service to the public. The re-organisation, however, has made communications between Headquarters at Trafalgar House and the districts outposted at Divisional Offices more difficult. Lines of communication are constantly being improved and records reviewed so as to reduce time delays and the need for duplication of filing systems.

Staff

One of the most pleasing aspects of the re-organisation is the retention of staff. Very few qualified inspectors (three) have resigned to take up appointments with other local authorities. During the year four retired and one died. A full establishment of qualified public health inspectors was reached for the first time for many years and the intake of pupils who provide the new entrants to the Department was reduced.

Four new pupils were recruited, two of whom commenced the B.Sc., Honours Degree Course in Environmental Health at the University of Aston. Two others, who were recruited with the intention of them enrolling at the Matthew Boulton Technical College on the Diploma Course, were unable to commence studies as the course was not put on due to lack of support by other local authorities. Some pupils were referred from the previous year and one withdrew from the course. The number of pupils in training at the end of the year was as follows:—

<i>Year</i>	<i>Number of Pupils</i>			
First year (Degree)	2
Awaiting first year (Diploma)	3
Second year (Diploma)	5
Third year (Diploma)	13
Fourth year (Diploma)	7
				<hr/>
				30
				<hr/>

Ten pupils and one technical assistant (a former pupil) qualified as public health inspectors during the year and were appointed to the staff.

The number of staff employed on district duties at the end of the year was as follows:—

	<i>Establishment</i>	<i>Actual</i>
District Inspectors	12	12
Senior Assistant District Inspectors	12	11
*Assistant District Inspectors	36	41
Pupil Public Health Inspectors	36	30
*Technical Assistants	36	16

*There is interchangeability between these posts.

The vacancy for a Senior Assistant District Inspector was filled in January, 1969.

The duties under the Shops Act, 1950, continued to be carried out by inspectors who specialise in this aspect of the work.

Inspections

1968 was the first complete year following re-organisation. The last complete year previous to re-organisation was 1966. In 1968, the total number of visits was 324,239. Substantially more houses were inspected; 21,100 visits were made to houses in multiple occupation and 11,084 in securing the improvement of houses.

The total of visits by staff engaged on general district duties during 1968 was made up as follows:—

	<i>% of total</i>
House inspections	53·68
Inspection of food premises	4·60
Visits re infectious diseases	3·70
Inspections of outworkers' premises	·53
Inspections of tents, vans and sheds	·07
Inspections of stables and pigsties	·03
Inspections of tips	·25
Visits to burials, exhumations, etc.	·02
Inspections of pleasure fairs and circuses	·03
Visits re sampling of water (not by water sampling officer)	·23
Visits re taking of rag flock samples... ..	·01
Inspections of offensive trade premises	·01
Inspections of factory premises	1·60
Inspections of surface air-raid shelters	·01
Inspections of common lodging houses	·04
Inspections of premises re Town and Country Planning applications	·77
Inspections of public houses	·09
Visits by students under instruction by qualified inspectors	6·73
Joint visits made by qualified inspectors	1·10
Other successful visits	9·62
Unsuccessful visits	13·57
Visits re lectures and demonstrations to visitors	·11
Visits to offices and shops	1·39
Visits to agricultural units	—
Inspections re rodent control	1·81
	<u>245,609</u>
	<u>100·00</u>

Total visits made by inspectors, including those engaged on certain special duties:—

		<i>% of Total</i>
Visits by public health inspectors and technical assistants on district	245,609	75·75
Visits by Shops Act inspectors:—		
Under Shops Act, 1950	17,976	
Under Offices, Shops and Railway Premises Act, 1963	6,524	
	24,500	7·56
Visits by Rodent Control inspectors ...	11,100	3·42
Visits by Food inspectors	43,030	13·27
	<hr/>	<hr/>
	324,239	100·00
	<hr/>	<hr/>

UNFIT HOUSES

The skyline of Birmingham has changed. It is no longer dominated by church spires and chimney stacks – these have been dwarfed by tall blocks of multi-storey buildings. This transformation has been made possible partly by the efforts of this Department in the sphere of slum clearance, which has enabled the development of cleared sites to take place.

The demolition of slum houses is continuing at an ever increasing rate and soon all the sub-standard houses in the central redevelopment areas will have been cleared, together with a large number in other areas. Action is being taken to deal, as quickly as possible, with the unfit houses still in private ownership but, because of the differing types of houses now being inspected, the rate of representation has necessarily slowed down.

During the year the owners of 48 houses were served with notices under Section 9 of the Housing Act, 1957. These required them to carry out specified works to make the houses fit for human habitation. The number of houses made fit in 1968, as a result of the service of this type of notice, was 64.

Within the last year or two, however, the tendency has been to stress the necessity of serious consideration being given to the conservation of older houses which are capable by restoration and improvement to a standard consistent with modern requirements.

This change, suggested in the Report of the Sub-Committee of the Central Housing Advisory Committee under the chairmanship of Mrs. Evelyn Denington, C.B.E., G.L.C., Hon. F.R.I.B.A. – “Our Older Homes, a Call for Action” – has been emphasised in the White Paper published in April, 1968. Most of the recommendations set out therein are incorporated in the Housing Bill now being considered by Parliament.

In Birmingham, we are, and always have been, concerned with the problem of repairing houses in order that they will have a very much longer life. Great difficulty is being experienced, however, in enforcing this policy because of the extremely low values which are being placed upon such houses resulting, in many instances, from the very poor rents obtainable by landlords where the houses are controlled. The legislation now being proposed should bring some amelioration to this condition and provide a greater incentive by the conversion, subject to certain conditions, of controlled tenancies to regulated tenancies. This should give owners a considerably greater return, although in some instances, it will necessitate a capital outlay in order to obtain this.

Serious attention is being given to the general improvement of areas as suggested in the Housing Bill, but it is regretted that the compulsory powers to deal with area improvement given to local authorities in the Housing Act, 1964, are to be rescinded. There are still many groups of houses where expenditure of large amounts of money on environmental

improvement would not be justified, but where these would benefit by the provision of the internal amenities set out in the 1964 Act. It is doubtful whether the substitution of persuasion for compulsion will prove successful. Since the introduction of the improvement grant scheme much effort has been made to encourage property owners to avail themselves of the grants offered but with only a moderate degree of achievement. This is in spite of the publicity given by means of exhibitions, press reports, the issuing of pamphlets and the drive made by the public health inspectors.

Clearance Areas

During the year 334 houses were represented in 22 clearance areas making the total representations since 1955, 29,841.

Compulsory Purchase Orders, Clearance Orders, Public Local Inquiries

Four Public Local Inquiries covering 15 Orders including 175 houses have been held and in 32 cases, where the owners or their representatives objected on fitness grounds, "principal grounds" were supplied. These set out the main reasons why the houses had been included in Compulsory Purchase Orders.

There were in addition four Orders, containing 32 houses, which were unopposed. These were visited by Inspectors of the Ministry of Housing and Local Government.

Individual Unfit Houses

Property in some instances deteriorates to the point where action must be taken and, where it is not appropriate to include premises of this type in a clearance area, they have to be dealt with individually under Sections 16, 17 or 18 of the Housing Act, 1957. Set out below is a summary of action taken in this way:

(1)	Houses represented as unfit for human habitation	...	...	52
(2)	Owners' undertakings accepted:			
	(a) Not to relet for human habitation	...	...	2
	(b) To make fit for human habitation	...	...	16
(3)	Demolition Orders made	...	...	20
(4)	Closing Orders made as demolition would affect adjacent buildings	...	...	16
(5)	Houses to be acquired by Local Authority	...	...	16
(6)	Demolition following making of an Order, or accepting an Undertaking	...	...	27
(7)	Demolition following representation only (no order made)	...	...	1
(8)	Undertaking to make fit complied with	...	...	26
(9)	Houses made fit after the making of Closing Orders	...	...	4
(10)	Parts only of buildings represented as unfit for human habitation	...	...	4
(11)	Closing Orders made on parts of buildings	...	...	6
	Total number of individual dwellings dealt with between September 1939 and 31st December, 1968	...	...	2,322

Dwellings dealt with under this Part of the Act vary considerably in type and condition as is illustrated in the following examples:-

- (a) a dwelling being part of a building consisting of a two storey out-building probably used formerly as a hay-loft. It was in disrepair and structurally defective. The staircase was of the ladder type and was extremely steep. All walls were affected by rising or penetrating dampness. There was no proper sink and the food storage facilities were unsatisfactory.
- (b) Two houses forming one unit, separated on the ground floor by a common passage running from front to rear. Each house was occupied by an old lady who had to share a sink and a cooker situated in the common passage. The water closet was also shared. Both houses were in disrepair and damp.
- (c) Four very old houses, one of which was void and derelict, suffering from excessive disrepair and structural instability. With one exception there was no through ventilation.
- (d) A country cottage in disrepair and affected by dampness. There was no drainage and the pail closet was in an outbuilding 86' 0" from the house. Other waste water was disposed of on the garden. Cooking had to be done in a wash house outside the house and the water supply was also in this wash house.
- (e) A house in gross disrepair, suffering from serious instability. Most of the windows were missing and the wooden floors were dangerous, some missing. A number of the ceilings were down. It was still occupied at the time of inspection.

Repair and Maintenance of Houses in Areas

The Housing Management Department deserves great credit for their efforts to make the lot of those persons who still live in slum houses more tolerable and the following information has been kindly supplied by Mr. J. J. Atkinson, the Housing Manager:

The number of Corporation-owned houses renovated during 1968:-

(i) In Redevelopment Areas	...	...	...	...	...	NIL
(ii) In Clearance Areas	...	...	...	...	...	2,819

The total number of houses renovated up to 31st December, 1968	44,164
--	--------

The number of houses at which renovation was in progress at 31st December, 1968	389
---	-----	-----	-----	-----	-----	-----	-----

The number of houses in respect of which repair schedules or contracts were prepared or were in course of preparation at 31st December, 1968	40
--	-----	-----	-----	-----	-----	-----	----

Advice to Enquirers

The number of enquiries dealt with, in relation to housing, amounted to 25,743. All of these requested information on the possibility of action under the Housing Acts and they were made by telephone or letter or by calling at the Department.

Housing Improvement and Improvement Grants

HOUSING (FINANCIAL PROVISIONS) ACT, 1958

HOUSE PURCHASE AND HOUSING ACT, 1959

HOUSING ACT, 1964

There was a further drop in the number of applications for grants and in 1968 the total of grants approved was 1,355 compared with a total of 1,535 in 1967. The total landlord applications dropped by 124, and those from owner-occupiers were 40 less than in 1967.

Landlord applications continued to exceed those from owner-occupiers and amounted to 51 per cent. of the total received.

Improvement Grants approved during 1968

DISCRETIONARY GRANTS

	<i>Formal applications received during the year</i>	<i>Applications approved during the year</i>			
	<i>Number of dwellings</i>	<i>Number of dwellings</i>	<i>Amount of grant which the Council have decided to pay</i>		
			£	s.	d.
(a) Conversions	60	68	25,712	0	0
(b) Improvements by Landlords	18	18	5,776	5	0
Owner-occupiers	9	10	3,233	3	0

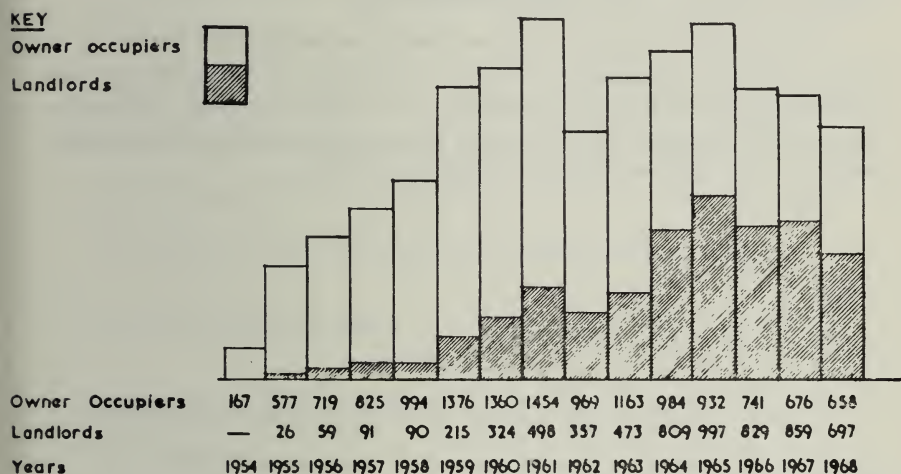
STANDARD GRANTS

	Applications		Grants Paid						
	Received	Approved	(No. of dwellings)	Total Amount £ s. d.	Number of amenities provided				
	(No. of dwellings)	(No. of dwellings)			Fixed bath or shower	Wash basins	Hot water supplies	Water closet	Food storage facilities
Improvements by Landlords	609	611	700	106,960 10 6	} 1,149	1,209	1,235	1,405	885
Owner-occupiers	639	648	652	87,430 3 3					

Three applications for discretionary grants and 58 applications for standard grants were rejected.

During the year inspectors made 12,995 visits to houses in connection with Improvement Grants compared with 10,746 in 1967. A further 4,211 visits were made in connection with Improvement Area action.

HOUSING IMPROVEMENT GRANTS APPLICATIONS APPROVED



Since the first improvement grant was paid in the City in 1952, £1,986,453 14s. 5d. has been paid out in 17,340 grants made up as follows:-

Landlords	...	...	...	5,206	£732,505 15 0
Owner-occupiers	...	...	...	12,134	£1,253,947 19 5
				17,340	£1,986,453 14 5

Approximately nine-tenths of this total (£1,741,650 7s. 0d.) has been paid since the introduction of the standard grant scheme in 1959.

Since the improvement schemes were operated 19,919 applications have been approved, made up as follows:-

Owner-occupiers	...	...	...	...	13,595
Landlords	...	...	...	...	6,324
					19,919

Rent Restriction Acts

During the year under review the Furnished Houses (Rent Control) Act, 1946, was repealed by the Rent Act 1968, a consolidating Act. Part VI of the new Act continues the provisions of the earlier Act relating to the rents of furnished lettings and under Section 74 it remains a duty of the local authority to maintain a Register of rents approved, reduced or increased by the Rent Tribunal. The Chief Public Health and Housing Inspector is Registrar for the City for the purposes of Section 74.

During the year 368 notifications were received from the Rent Tribunal, resulting in 302 entries being made in the register maintained under the Act. There were 19 certified copies of entries in the Register issued on payment of one shilling in each case.

Part II of the Rent Act, 1965, which first authorised the setting up of Rent Assessment Committees and the appointment of Rent Officers, has also been superseded by the provisions of the Rent Act, 1968. During the year the few enquiries received in the Department relating to the assessment of a fair rent were referred to the Rent Officer.

Compulsory Improvements—Tenants' Representations

A further 344 tenants exercised their rights under the Housing Act, 1964, and wrote to the Corporation during the year asking them to use their powers to secure the provision of bathrooms by their landlords. This is encouraging, but the total figure of 1,130 tenants who have written so far since the introduction of the Housing Act, 1964, is a small proportion of the number of tenants of properties which are still without bathrooms. The following statistics show the action taken so far in regard to tenants' representations:-

Representations received (from August, 1964)	...	...	...	1,130
Rejected (property has insufficient life)	...	...	...	74
Preliminary notices served	...	...	...	733
Satisfactory undertaking received	...	...	...	45
Immediate improvement notices served	...	...	...	592
Properties for which improvement grant applications have been received	...	...	...	480
Improvement work completed	...	...	...	261

Compulsory Improvements—by Improvement Area Action

Following the procedure laid down in the Housing Act, 1964, four areas were declared bringing the total to 27. The areas included 794 dwellings, 244 of which lacked amenities. Of the latter 153 dwellings were tenanted. The persons in control of 152 houses were asked to supply details of ownerships by the service of notices under Section 170 of the Housing Act, 1957. The number of houses improved in these areas was 119 and 26 notices were withdrawn.

IMPROVEMENT AREAS DECLARED DURING 1968

Title of Area	Total Houses	Tenanted	Owner Occupied	Others	Lacking Amenities	
					Tenanted	Owner Occupied
Deykin Avenue No. 24 ...	124	60	58	6	36	10
Heather Road No. 25 ...	232	55	172	5	31	26
Herbert Road No. 26 ...	249	96	145	8	46	31
Tew Park Road No. 27 ...	189	69	118	2	40	24
	794	280	493	21	153	91

Houses in Multiple Occupation

A further 63 applications were received for the registration of houses newly intended to be used in multiple occupation bringing the total received, so far, up to 173. Under the City of Birmingham (Registration of Houses in Multiple Occupation) Scheme, 1965, houses must be registered if they are:—

- (a) Houses in which, on the 1st January, 1966, there were either more than two separate occupancies (including that of a person having an estate or interest in the whole house) or more than four individual lodgers — this is defined in the Scheme as a '1961 Act house'

or

- (b) Houses in which, after the 1st January, 1966, it is intended there shall be either more than two separate occupancies (including that, if any, of a person having an estate or interest in the whole house) or more than four individual lodgers — this is defined in the Scheme as a '1965 Act house'.

The registration of '1961 Act houses' is automatic on application and supplying of the necessary particulars. The registration of '1965 Act houses' is not automatic and may be refused.

The following is a summary of action taken during the three years since 1st January, 1966 when the Schemes came into operation:—

'1961 Act houses' registered	...	...	...	...	...	4,352
(i.e. those already occupied so as to be registrable at 1st January, 1966)						
'1965 Act houses'						
(i.e. those intended to be newly let in multiple occupation)						
(a) Registration approved	...	...	...	...	...	57
(b) Registration refused						
(i) House unsuitable	...	...	...	62		
(ii) Use detrimental to locality	...			17		
(iii) Unsuitable person in control	...		Nil			79
(c) Applications not proceeded with	...	...	...			31
(d) Applications pending at end of year	...	...	...			6
Total of applications	...					173

Legal action taken under the Scheme during this period involved the following cases:—

Failure to register '1961 Act houses'	...	...	...	...	129 cases £415 fines
Failure to supply information and the establishing of '1965 Act houses' in contravention of the Scheme	...	...	...	...	13 cases £152 fines
Appeals heard in county court against refusal to register '1965 Act houses'	...	...	...	...	1 appeal – allowed

Reflecting on the long campaign we have waged since the Housing Act, 1961 came into force, it is accepted that the introduction of the registration scheme has been of help, but much of its usefulness has been the power to obtain information on which other action, including that under planning legislation, has been taken. Despite publicity, applications for registration have not been readily made and after the flush of 3,000 registrations in the first year of operation of the Scheme the next 1,352 registrations of established ('1961 Act houses') have had to be procured by survey and visit over the last two years. Even now, registration of houses which were in registrable use at the commencement of the Scheme is still being effected at a rate of 15 – 20 per month. Applications for registration of houses newly intended to be brought into registrable use ('1965 Act houses') have almost invariably resulted from complaint or other information leading to survey and visits by inspectors. In a fair number of cases, letting in contravention of the Scheme had started prior to application for registration and in some instances legal proceedings were instituted.

The unregulated spread of multiple occupation which created near slum conditions in quite extensive areas of the City has at last been checked and there is no doubt that the firm action taken under planning legislation has played a major part in this. During the year another 166 premises were referred to the City Engineer, Surveyor and Planning Officer for consideration under the Town and Country Planning Act, 1962, bringing the total so far referred to 717 premises in respect of which the following action has been taken:—

Number of premises in respect of which enforcement action to discontinue was authorised	...	...	...	...	...	357
Number of premises where the use in multiple occupation has ceased	...	...	...	...	...	269
Number of premises in respect of which no planning action was taken (use established or no change of use)	...	...	...	...	...	205

In 65 cases the user appealed to the Minister against the enforcement action to discontinue, but 26 were withdrawn. Of the 29 heard so far, 21 appeals were dismissed, seven were allowed and the decision on one is awaited.

Conditions in houses in multiple occupation in certain areas of the City continued to give rise to concern and statutory action was again necessary during the year, details of which follow—

	<i>No. of premises</i>
Notice under Section 170 of the Housing Act, 1957 to ascertain details of ownership	100
Notice of intention to make a management order	81
Management order made	78
Notice of intention to give a direction to limit occupants	195
Direction given... ..	203
Notice under Section 15 of the Housing Act, 1961 to require facilities	111
Notice under Section 90 of the Housing Act, 1957 to abate over-crowding	18
Notice under Section 14 of the Housing Act, 1961 to make good neglect of proper standards of management	170
Notice under Section 19 (9) of the Housing Act, 1961 requiring information re. occupancies	453
Direction varied to permit an increased number of occupants ...	27

This statutory action, coupled with much time spent in discussion and informal approach by inspectors to owners and occupiers of houses, has brought about a slow but steady improvement in conditions in existing houses in multiple occupation. The position is still far from satisfactory and there is little doubt that many registered houses are over occupied in relation to their size and character. A survey of inspection records made during the year showed that the average house registered under the Scheme consists of seven rooms, most of which are small, at least one room is under 70 square feet, one room is used as a passage to a shared kitchen or other facility and at least one room is at attic level and often only lit by a skylight. A house of this character is basically only suitable for one family but might in some cases accommodate two households provided they were small ones. In actual fact the number accommodated in these registered houses are on average four or more households, often including families with children.

In the 4,409 registered houses in multiple occupation there are accommodated approximately 18,300 separate households, comprising nearly 37,000 persons. In addition, there is thought to be almost twice this number of houses which are not required to be registered but which are occupied by two separate households or let in lodgings. It is estimated that 1.4 per cent of the City's total housing stock is used in registrable

multiple occupation and approximately another 2·8 per cent of the total housing stock is used in non-registrable multiple occupation. Although the total number of persons living in some form of multi-occupied dwellings is equivalent to the population of a small town it represents a relatively small proportion, between seven and eight per cent of the City's total inhabitants. In the majority of houses conditions are reasonable and multiple occupation makes a small contribution to our immediate housing needs and until such time as there is a surplus of houses in the City the usefulness of certain forms of multiple occupation will remain.

There is no room for complacency, however, and the strongest action must continue to be taken in order to reduce over-occupation and the sharing of facilities and to contain the spread of undesirable multiple occupation. The profit motive is still a prime factor and certain landlords, especially those of immigrant origin, tend to consider every room in a house as a separate letting irrespective of the number of persons who may form the household occupying it, and they rarely let more than one room as an occupancy. The general effect is to establish numerous absurdly small living units sometimes not even suitable for single person occupation.

Very few houses in the City are suitable for use in lettings of this character and therefore over-occupation and often squalor are the result. It is considered that about 1,000 houses are over-occupied to some degree in this manner and the drive by public health inspectors to reduce this and to improve conditions will continue. It is good to note our suggestion that there be legislation to control the number of households as well as the number of individuals who may reside in a house is now included in the new Housing Bill and this should be of considerable assistance in controlling this problem.

While carrying out the survey of the records of registered houses in multiple occupation the opportunity was taken of checking on the racial origins of the occupants and the link between immigration and multiple occupation is borne out by the following figures:—

Houses predominantly occupied by persons of the following descent:—

<i>United Kingdom</i>	<i>Irish</i>	<i>West Indian</i>	<i>Pakistan Indian</i>	<i>Other</i>	<i>No predominating descent</i>
41%	11%	13%	27%	2%	6%

The bulk of the Department's statutory and legal action perforce continues to be required in respect of immigrant owned or occupied houses and over 80 per cent of this has been where the owner or person in control is of Pakistani or Indian origin.

To summarise the action taken by this Department since the coming into operation of the Housing Act, 1961, until the end of 1968, the following details are given:—

	<i>Number of premises</i>					
Directions given to limit occupants	2,211					
Management orders made applying management regulations ...	1,118					
Notices served requiring provision of facilities under Section 15 of the Housing Act, 1961	1,658					
Control orders made and houses taken over in order to protect occupants under Section 73 of the Housing Act, 1964 ...	4					
Legal proceedings in respect of failure to maintain proper standard of management to abate nuisances and over-crowding to provide information and rent books, and offences against direction limits;						
Number of cases	2,794					
Penalties imposed:						
Fines	£19,411					
Imprisonment	1 case—2 months					
Work carried out by Department at default or request, to comply with notices served under the Public Health and Housing Acts						
Jobs completed	1,240					
Cost of works	£90,263					

Certificates of Disrepair

A tenant of a house which is subject to control under the Rent Act 1968, may apply for a certificate of disrepair if the landlord has either failed to carry out repairs which the tenant considers necessary or has declined to give an undertaking in accordance with the Act. Only 36 applications for certificates were received during the year but many calls were made on the Department for advice or help in the procedure to be followed to secure either the abatement of disrepair or a reduction in rent. In those cases where an inspection revealed the existence of a nuisance arising from disrepair, action was also taken under Section 93 of the Public Health Act, 1936.

The following figures indicate the action taken in 1968:—

Part I—Applications for Certificates of Disrepair

1. Number of applications for certificates	36
2. Number of decisions not to issue certificates	3
3. Number of decisions to issue certificates	33
(a) in respect of some but not all defects	21
(b) in respect of all defects	12
4. Number of undertakings given by landlords under paragraph 5 of the Ninth Schedule	26
5. Number of undertakings refused by Local Authority under proviso to paragraph 5 of the Ninth Schedule	Nil
6. Number of certificates issued	9

Part II—Applications for Cancellation of Certificates

7. Applications by landlords to Local Authority for cancellation of certificates	...	...	...	...	...	5
8. Objections by tenants to cancellation	...	...	...	...	...	2
9. Decisions by Local Authority to cancel in spite of tenant's objections	...	...	...	...	...	Nil
10. Certificates cancelled by Local Authority	...	...	...	...	...	3
Number of visits made under the Act	...	...	...	...	...	252
Number of re-visits made under the Act	...	...	...	...	...	273
						<hr/>
Total number of visits	...	...	...	...	...	525
						<hr/>

Abatement of Nuisances

Any complaint made to the Department concerning unsatisfactory living conditions or the effect of the environment allegedly causing nuisance is investigated, and where conditions justify, a report is submitted to the Health Committee with a view to action being taken under the Public Health Act, 1936 for the abatement of a nuisance. This well tried piece of legislation is still instrumental in alleviating bad conditions and often in bringing about an improvement in the environment and is extensively used.

During the year a total of 4,206 statutory notices was served, 2,161 of these being under Section 93 of the Public Health Act, 1936.

The total of 4,206 statutory notices was made up as follows:—

Nuisances under Section 93 of the Public Health Act, 1936— dealing mainly with roofs, spoutings, fallen plaster, defective floorboards, broken sashcords and window frames	...	...	2,161
Stopped up drains, soil pipes, water closets and private sewers, dealt with under the Birmingham Corporation Act, 1946, as amended by the 1954 Act	...	...	733
Urgent nuisances, badly leaking roofs, broken watercloset pedes- tals, etc., dealt with under Section 26 of the Public Health Act, 1961	...	...	631
Provision or improvement of piped water supply—Section 138, Public Health Act, 1936, as amended by Section 30, Water Act, 1945	...	...	174
Yardpaving and drainage—Section 56, Public Health Act, 1936	...	...	110
Unsatisfactory drainage—Section 39, Public Health Act, 1936	...	...	383
Filthy or verminous premises—Section 83, Public Health Act, 1936	...	...	2
Removal of noxious matter, Section 79, Public Health Act, 1936	...	...	7
Byelaw infringements—nuisances	...	...	—
Replacement of earth closets, etc.,—Section 47, Public Health Act, 1936	...	...	2
Additional water closets—Section 44, Public Health Act, 1936	...	...	3
Provision of water closets—Section 39, Birmingham Corporation Act, 1935	...	...	—
			<hr/>
			4,206
			<hr/>

Urgent Nuisances

The powers contained in Section 59 of the Birmingham Corporation Act, 1946, continue to be used to require the clearing of obstructed drains, waste pipes and water closets. The powers are similar to those in Section 22 of the Public Health Act, 1961, but work can be carried out at default of an owner after 24 hours' notice compared with 48 hours required by the 1961 Act.

Action was taken as follows:—

Birmingham Corporation Act, 1946 – Section 59.

(Defective drains requiring urgent attention)			
Total number of notices served during 1968 (involving 493 jobs)			733
Work carried out by owners in specified time			257
Orders given by this Department in default of owners' compliance			199
Orders given by this Department at request of owners ...			37
Payments to the Department's contractors	£2,142	9	3
Average cost per job	£9	1	7
The maximum charge in respect of any job was	£253	5	0
and the minimum was		12	6

During the year notices were served in respect of obstructions in 28 private sewers affecting 232 houses.

For many years action to remedy urgent nuisances has been taken under Section 32 of the Birmingham Corporation Act, 1948. Almost identical power is now given in the Public Health Act, 1961, and from the 17th July, 1964, notices were served under Section 26 of the national Act.

Public Health Act, 1961 – Section 26

(Defective houses requiring urgent attention)			
Total number of notices served during 1968 (involving 498 jobs)			631
Work carried out by owners in specified time			307
Orders given by this Department in default of owners' compliance			168
Orders given by this Department at request of owners ...			24
Payments to the Department's contractors	£3,092	17	2
Average cost per job	£16	2	2
The maximum charge in respect of any one job was	£116	1	10
and the minimum was		11	5

Enforcement Section

The legal enforcement of the Department's statutory duties and obligations in carrying out the requirements of the various Acts of Parliament, regulations, byelaws and orders delegated to the Health Committee by the Birmingham City Council, and arranging execution of all works necessary to comply with the requirements of various statutory notices served under these Acts of Parliament at the default and by agreement with the owners and occupiers are carried out by this section of the Department.

Enforcement action is taken under the Public Health and associated acts and byelaws; the Housing Acts of 1957, 1961 and 1964; the Housing (Management of Houses in Multiple Occupation) Regulations 1962; the Food and Drugs Act, 1955; the Food Hygiene (General) Regulations 1960 and 1966; the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966; the Milk and Dairies (General) Regulations, 1959; Rent Act, 1968; Offices, Shops and Railway Premises Act, 1963; the Noise Abatement Act, 1960; Landlord and Tenant Act, 1962; Clean Air Act, 1956; Prevention of Damage by Pests Act, 1949; the various Birmingham Corporation Acts and, in particular, the Birmingham Corporation Act, 1965, together with the scheme for registration of houses let in multiple occupation.

Legal proceedings were instituted during the year in 650 instances, and the summonses issued and fines imposed are set out in the following analysis:—

						<i>Fines</i>		
						£	s.	d.
<i>Public Health Act, 1936</i>								
General nuisances	...	...	...	...	157	—		
Disobeying nuisance orders	...	...	...	...	1	5	0	0
Section 89: Failure to provide sanitary convenience	...	...	...	...	1	45	10	0
<i>City Byelaws</i>								
Dogs fouling footway	...	...	...	...	2	8	0	0
<i>Shops Act, 1950</i>								
Section 2: General closing hours	...	...			4	12	0	0
Section 17: Failure to display prescribed notices					1	1	0	0
Section 32: Failure to display prescribed notices (Young persons)	...	...	...		2	10	0	0
Section 47: Sunday Trading (Closing of shops on Sunday)	...	...	...	...	39	163	0	0
<i>Food and Drugs Act, 1955</i>								
Section 2: Food not of nature demanded	...				2	60	0	0
Section 8: Food unfit for human consumption					11	248	0	0
Section 113(1): Contravention due to default of some other person	...	...	...		2	90	0	0
<i>Milk and Dairies (General) Regulations, 1959</i>								
Reg. 27(1): Dirty milk bottle	...	...	...		1	10	0	0
<i>Noise Abatement Act, 1960</i>								
Section 2(3): Ice cream chimes	...	...	...		26	112	0	0

					<i>Fines</i>			
					£	s.	d.	
<i>Housing Act, 1957</i>								
Section 90:	Overcrowding of houses let in multiple occupation	...	...	...	2	5	0	0
Section 170:	Requiring information as to ownership of premises	...	...	...	15	15	0	0
<i>Housing Act, 1961</i>								
Section 19(2):	Direction to prevent or reduce overcrowding of houses let in multiple occupation	...	...	...	54	650	0	0
Section 19(9):	Requiring statement of number of lets to families and individuals in houses let in multiple occupation...				54	40	0	0
<i>Housing Acts, 1961, and 1964, Birmingham Corporation Act, 1965 and Scheme</i>								
Section 22:	Registration of houses let in multiple occupation:-							
	"1961 Act Houses"	...	...		41	80	0	0
	"1965 Act Houses"	...	...		3	25	0	0
<i>Housing (Management of Houses let in Multiple Occupation) Regulations, 1962</i>								
	Failure to maintain good standard of management	...	...	...	86	398	0	0
<i>Landlord and Tenant Act, 1962</i>								
Sections 1 & 4	...	...	...	...	12	38	0	0
<i>Housing Act, 1964</i>								
Section 65(1):	Failure to execute works under Section 14 of the Housing Act, 1961.				2	30	0	0
	Failure to execute works under Section 15 of the Housing Act, 1961.				5	60	0	0
<i>Offices, Shops and Railway Premises Act, 1963...</i>	...				24	144	0	0
<i>Food Hygiene (General) Regulations, 1960</i>	...	...			110	1349	0	0
<i>Clean Air Act, 1956</i>								
Section 11:	Emission of smoke in Smoke Control Areas	...	...	...	6	24	0	0
Section 16:	Smoke nuisances	...	...	...	1	—		
					<hr/> £3,622 10 0 <hr/>			

*The Magistrate made nuisance orders in 28 cases. In the others the work was completed by the time of the Court hearings.

The institution of legal proceedings undertaken by this section of the Department in liaison with the Town Clerk's Department is a most important function. The Enforcement Officer is present each week at the proceedings at Victoria Law Courts to advise and assist the Corporation's prosecuting solicitor. This is an exacting necessity, as the majority of the defendants now appear or are legally represented at Court and keenly contest each individual case. The number of cases dismissed and lost by the Department during the year were very few indeed, and the many successful cases taken reflect great credit on the Corporation officials concerned.

Building works and repairs to houses and properties arranged during the year have covered all aspects of general building works, and have varied from general property repairs of a minor nature, drainage and paving works, to extensive works in houses let in multiple occupation, and the provision of bathrooms required by outbuilding reconstruction and bedroom conversions.

The total cost of works carried out during the year was £12,202 9s 1d.

The following analysis indicates the work undertaken by this section during 1968:—

	<i>Jobs</i>	<i>Houses</i>	<i>Cost</i>		
			<i>£</i>	<i>s.</i>	<i>d.</i>
<i>Section 93 Public Health Act, 1936</i>					
<i>General Nuisances — repairs to defective houses.</i>					
At default of owners — for non-compliance with Nuisance Orders ...	10	11	351	6	6
By agreement	52	70	3,065	13	1
<i>Section 56 Public Health Act, 1936</i>					
<i>Paving of courts, yards and passages.</i>					
At default of owners	4	44	1,364	19	2
By agreement	2	3	22	13	11
<i>Section 39 Public Health Act, 1936</i>					
<i>Provision of satisfactory drainage.</i>					
At default of owners	28	42	580	2	5
By agreement	6	22	92	8	5
<i>Section 138 Public Health Act, 1936</i>					
<i>(as amended by Section 30 Water Act, 1945, and Section 78 Public Health Act, 1961).</i>					
<i>Houses already having internal water supply but where supply was insufficient — improvement effected.</i>					
At default of owners	17	95	2,685	2	5
By agreement	7	36	1,425	14	2

					Jobs	Houses	Cost		
							£	s.	d.
<i>Section 26 Public Health Act, 1961</i>									
<i>Repairs to houses to abate urgent nuisances</i>									
At default	...	...	...	...	1	1	3	2	6
<i>Section 79 Public Health Act, 1936</i>									
<i>Removal of noxious matter from premises.</i>									
At default	...	...	...	...	1	1	4	3	11
<i>Section 14 Housing Act, 1961</i>									
<i>Works required to make good neglect of proper standards of management of houses in multiple occupation</i>									
At default	...	...	...	...	14	14	1,426	13	6
By agreement	...	...	...	...	1	1	11	3	0
<i>Section 15 Housing Act, 1961</i>									
<i>Works carried out at houses in multiple occupation in providing essential facilities and amenities for the occupants.</i>									
At default	...	...	...	...	5	5	379	10	4
<i>Section 19 Housing Act, 1964</i>									
<i>Provision of bathrooms, water closets, together with other amenities by outbuilding and bedroom conversion</i>									
By agreement	...	...	...	...	1	1	150	0	0
At default	...	...	...	...	2	2	585	0	0
<i>Section 4 Prevention of Damage by Pests Act, 1949</i>									
<i>Works carried out to prevent rodent infestation.</i>									
At default	...	...	...	...	1	1	21	0	0
<i>Section 83 Public Health Act, 1963</i>									
<i>Cleansing of filthy or verminous premises.</i>									
At default	...	...	...	...	1	1	31	10	0
<i>Section 287 Public Health Act, 1936</i>									
<i>Execution of warrant to enter premises.</i>									
At default	...	...	...	...	1	1	2	5	9

Common Lodging Houses

Every local authority is required to maintain a register of all established common lodging houses within their district in accordance with the provisions of Section 237 of the Public Health Act, 1936. This register contains entries giving the full names and addresses of all persons registered with the Department as "keepers" and "deputy keepers". In addition, information is recorded as to the location of every such lodging house, and the maximum number of persons which each may accommodate.

Four such premises were registered for the year, providing a total accommodation for 361 men only.

Conditions at these houses are controlled by byelaws and routine visits are carried out by public health inspectors, both by day and night, to ensure that no infringements of the above act or byelaws occur.

During the year, the following visits were made, viz:—

Day visits	...	...	...	...	...	...	...	...	29
Night visits	...	...	...	...	...	...	...	...	57
Special visits	...	...	...	...	...	...	...	...	17
TOTAL									103

The above inspections revealed that there still remains a positive demand for this type of accommodation and in most cases the hostels were fully occupied.

Building operations for the provision of a new men's hostel for the Salvation Army in the City Centre have commenced. This new building, which should be completed in 1970, will provide an additional 187 beds, and this Department looks forward to the day when the hostel will open.

Tents, Vans and Sheds

There are no authorised camping sites within the City. Responsibility for authorisation rests with the Public Works Committee and it is necessary for persons wishing to site a caravan within the City to seek prior approval.

During the Summer a serious nuisance arose from the presence of large numbers of caravans on a cleared site adjoining a modern school in the Balsall Heath area. Parents of school children and residents in the neighbourhood demanded action to clear tinkers from the site. It was alleged that nuisance existed arising from the absence of sanitary accommodation. No provision was made by the tinkers for the proper storage of refuse and within a short period large accumulations were in evidence and not unnaturally fears were expressed that rats would be attracted to this site and spread to nearby houses. The situation was aggravated in that slum clearance was proceeding in the area. A number of houses had been vacated and the tinkers, in addition to using the sanitary accommodation and stealing water, were also removing the lead and other non-ferrous metals.

Following strong representations to the City Council, a combined operation was launched against the tinkers and they were removed from the site under the supervision of the police. Immediately the refuse and filth were removed from the site and surrounding areas and premises disinfected and treated with insecticides to allay fears and to prevent risk of spread of infection. In due course the site was levelled and transformed into a recreation ground, adding to the amenities of the neighbourhood.

Tips and Tipping

A total of 618 visits was made to established tips during the year in order to see that the City Byelaws in respect of tipping were being observed.

The tips, in the main, were operated in a satisfactory manner but a number of complaints were received during the year, especially during the early part when there was a period of very high and drying winds which caused a nuisance from dust and debris. Operators were asked to arrange for watering of the tip surfaces and access roads and this alleviated the nuisance until later when weather conditions became predominantly wet.

In one case continual trespassing by children resulted in a series of fires at the tip causing much annoyance which eventually ended with the advent of wet weather and end of school holidays.

The bulk of complaints concerning tipping, however, continued to be in respect of the depositing of rubbish and discarded articles on vacant sites and streets in the City. This is not merely a local problem and the Civic Amenities Act, 1967, was passed with special provisions to help local authorities control dumping and the removal and disposal of abandoned vehicles and other refuse. Part III of the Act which deals with this was, at the beginning of the year, delegated to the Public Works Committee in respect of refuse, including vehicles, deposited on the highway or public car parks, and to the Salvage Committee, in respect of refuse, including abandoned motor vehicles deposited on land elsewhere. One of the requirements of the Act is that the local authority shall establish places where residents may deposit refuse, other than business refuse, and six refuse disposal works have been designated for this purpose and the public may take refuse or surrender vehicles there for ultimate disposal. In addition, the Salvage Committee have introduced a service for the collection of motor vehicles from private premises for final disposal. A free collection service for bulky domestic household refuse has been in operation since 1965. Despite publicity as to the availability of these services the anti-social practice of depositing rubbish and unwanted articles on vacant sites continued, but it is pleasant to record the ready co-operation and speed with which staff of the Salvage Department and the Public Works Department dealt with the complaints when referred to them.

Canal Boats

During the year 1968, the number of boats inspected within the City area was 77, the number of inspections in each quarter being as follows:—

<i>1st Quarter</i>	<i>2nd Quarter</i>	<i>3rd Quarter</i>	<i>4th Quarter</i>
27	16	24	10

The 77 boats inspected were registered for the accommodation of 241 persons and when inspected were found to be carrying 57 men, 45 women and 23 children, a total of 125 persons.

All the boats were in good condition and conforming with the Act and Regulations. No complaint notes were issued during the year and four were brought forward from 1967, leaving an outstanding balance of four. It has not been necessary to take any legal proceedings under the Public Health Act, 1936 and the Canal Boat (Amendment) Regulations, 1925.

No cases of infectious disease affecting canal boat personnel were reported during 1968.

The total number of boats now registered in Birmingham is 104, 61 being motor boats and 43 ordinary boats.

Prevention of Damage by Pests Act, 1949

This Act places an obligation on all occupiers of land (the definition land includes premises) to notify the Local Authority of the presence of rats and mice. The Local Authority is responsible for the enforcement of Part I of the Act.

Notifications of infestations arising in all types of premises and land were received by the Department from all parts of the City and totalled 9,426. Each report is investigated. A great many of these complaints are of "rats in the garden", and a basic cause of this type of infestation is due to the practice of so many people feeding the birds with bread on the grass. In the majority of such cases it is common to find the harbourage for the rat is a garden shed whilst the neighbour unwittingly provides the food for them. The occupiers of such premises are always requested to stop feeding the birds. The notifications received in the Department resulted in the inspection of 11,100 premises.

Comparative figures for previous years are as follows:—

	1965	1966	1967	1968
Notifications	8,821	10,280	9,542	9,426
Inspections (visits and re-visits)	15,638	17,254	13,893	11,100

As a result of these inspections, treatments were found to be necessary in 8,188 cases (5,919 rats, 2,269 mice).

All purely domestic property is treated for infestation entirely free of cost to the occupiers but in the case of industrial property a charge has to be made.

Formal action under Section 4 of the Act had to be carried out in five instances during the year.

The number of premises where rat-proofing works were carried out voluntarily by owners/agents, etc., were as follows:—

Division 1 ...	...	...	...	...	...	...	...	...	164
Division 2 ...	...	...	...	...	...	...	...	...	37
Division 3 ...	...	...	...	...	...	...	...	...	48
Division 4 ...	...	...	...	...	...	...	...	...	24
									<hr/>
TOTAL									273
									<hr/>

As in previous years the usual quota of difficulties was met with in dealing with infestations in houses in multiple occupation. The main difficulty was that of gaining access to all lets within a reasonable period of time. A further factor which contributed to infestations in this type of property was the amount of refuse of all types which is thrown on the ground and in the gardens.

SEWER TREATMENTS

The central area of the City (bounded by and within the confines of the Ringway) was used as an experimental area for the treatment of all the sewer manholes in the area in September. The manholes totalled approximately 200 and involved a street mileage of about 14. The treatment was carried out, under contract, by a pest control undertaking, a proprietary poison (fluorkil) being used. The success or otherwise of this treatment cannot be ascertained; the contract does not provide for an examination of the "poison takes".

SALVAGE DEPARTMENT DESTRUCTORS

The Salvage Department maintains six refuse disposal works in the City. These are called on to deal with in the region of 325,000 tons of refuse per annum. Due to the nature of the work carried out in these refuse disposal plants, the premises are always liable to become heavily infested with rats, and indeed, some have, in the past, contained extremely large infestations. Over the years the infestations have been considerably reduced and in the main are confined to particular portions of the works. Day and night inspections are carried out in the works, particular attention being given to the older works at Montague Street, Brookvale Road and Tyseley.

At the end of the year the position regarding rat infestation at the refuse disposal works was as follows:—

Castle Bromwich Works ...	...	...	...	Nil
Lifford Works ...	...	...	...	Nil
Rotton Park Street Works	...	...	...	Slight
Tyseley Works ...	...	...	...	Slight
Brookvale Road Works ...	...	...	...	Moderate (on decks)
Montague Street Works ...	...	...	...	Hoppers (heavy)
				Yard (moderate)
				Decks (slight)

Pigeon Control

Towards the end of 1967 the City Council delegated to the Health Committee responsibility for dealing with nuisances arising from pigeons.

Large flocks of pigeons are to be seen in the City centre. These are attracted by persons who go daily to feed them in St. Philip's Churchyard and elsewhere. The birds roost and nest in various buildings in the City centre and to a lesser extent throughout the City. Favourite buildings are church towers, belfries in schools, older industrial buildings and even dwellinghouses. The main trouble arises from derelict buildings, the upper storeys of which are unused and in the suburbs the birds are fed by workers and to a lesser extent by residents, usually old age pensioners. It is a sad reflection that some people spend considerable sums of money on buying food to distribute to the birds in the City centre. Whilst this must give these persons a certain amount of satisfaction it is clear they have no regard for the cost of remedying damage done to property; the presence of excessive numbers of birds fouling stonework, blocking gutters and spoutings and rotting woodwork appears to be of no consequence to them.

An intensive two months' campaign against the pigeon nuisance in the City centre was carried out in the Spring by a firm of pest control undertakers. Traps were successfully used for this purpose. By the end of the year more birds were being attracted back into the City centre. More isolated flocks giving rise to nuisance in various suburbs of the City received attention but such work, to be fully effective, has to be repeated at frequent intervals and is costly. While ever persons are permitted to feed birds indiscriminately on land not in their ownership, it is very unlikely that a permanent solution to the problem will be found.

The Rag Flock and Other Filling Materials Act, 1951

It is not necessary for an annual renewal of registration when premises are registered under Section 2 of the Act and during the year it was decided to carry out a survey of all such premises to determine those establishments currently operating. The survey revealed that the number of registrable premises in the City had reduced to 22 in 1968.

The number of premises licensed for the storage of rag flock under Sections 6 and 7 also decreased from four in 1967 to three in 1968.

Eight informal samples were taken in 1968, of which one proved unsatisfactory.

Rag flock	3	White cotton felt	2
Washed layered flock	1	Algerian fibre	1
Woollen mixture felt	1		

The single informal sample which proved unsatisfactory was of white cotton felt, in which the trash content was 8.5% compared with the maximum of 7.5% permitted by the Regulations. The firm concerned was advised to draw its supplier's attention to the necessity of strict compliance with the Act.

Supervision of Offices, Shops and Railway Premises

SHOPS ACT, 1950

Four whole-time Shops Act Inspectors were employed throughout the year to carry out general routine inspections and the various other duties relating to the retail distributive trade as prescribed by the provisions of the Shops Act, 1950 and the Offices, Shops and Railway Premises Act, 1963.

These duties briefly include the general inspection of all retail and wholesale premises and the checking of conditions of employment together with staff accommodation. They also comprise the enforcement of early closing day and night closing provisions and the law in relation to Sunday trading.

The work of the Shops Act Inspectors for the year is summarised as follows:—

GENERAL INSPECTIONS

Visits—Shops Act, 1950 (including Sunday and night visits)	...	17,976
Visits—Offices, Shops and Railway Premises Act, 1963	... ..	6,524
		24,500

STREETS PATROLLED, SHOPS ACT, 1950

Half-day, night closing and Sunday trading	10,546
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OFFENCES REPORTED FOR ACTION, SHOPS ACT, 1950

Half-day closing:							
Sales after closing time	24
Night closing:							
Sales after closing time	...	...	...	...	...	...	17
Sunday trading:	...	...	...	...	...	...	42
Illegal sales	...	...	...	...	...	...	42
Warning letters issued in respect of the above mentioned offences							57
Summonses issued	...	...	...	...	...	...	46

46 summonses were issued in respect of contraventions of the Shops Act, 1950 and 24 summonses were issued in respect of contraventions of the Offices, Shops and Railway Premises Act, 1963, which includes those prosecutions initiated by public health inspectors in relation to office premises.

The charges were all proved and in each case a fine was imposed by the Magistrates.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The year under review represents the fourth complete year's working under the Act and Regulations made thereunder. The total number of premises registered at the end of the year was 14,188 representing an increase of 438 over the final figure for 1967. This increase is due to 801 new registrations during the year and after accounting for 363 cancellations.

The number of inspectors appointed under Section 52 of the Act increased by eight to a total of 79 at the end of the year. This increase was due to the final qualification of ten pupil public health inspectors and after allowing for one resignation and one retirement of qualified inspectors during the year. It is again emphasised that this labour force is not employed exclusively in the enforcement of the Act and supporting Regulations and that such work comprises only a small part of the statutory and ancilliary duties undertaken by the inspectorate.

Further progress has been achieved during the year and an additional 2,421 registered premises became the subject of their **first** general inspection. This means that the Department has now completed the task of initially inspecting all registered shop and office premises in the City, totalling over 14,000. The inspectorate will now commence a programme of "second" general inspections, commencing with those premises first registered in 1964.

Newly registered premises will become the subject of a general inspection as soon as registration is made, and complaints will continue to receive immediate investigation upon receipt.

The following statistics show the number and class of premises registered together with the number of general inspections carried out during the year:—

<i>Class of premises</i>	<i>Number of premises registered at the end of year</i>	<i>Number of registered premises receiving a general inspection during the year</i>
Offices	4,625	543
Retail shops	8,051	1,341
Wholesale shops, warehouses ...	653	421
Catering establishments open to the public, canteens	841	114
Fuel storage depots	18	2
TOTALS	14,188	2,421

The total number of visits of all kinds made by inspectors to registered premises amounted to 9,945 for the year and resulted in the service of 483 preliminary notices dealing with the main requirements of the Act.

In the same year, the works specified on 606 preliminary notices were completed to the satisfaction of the Department.

Information was received on 358 "notifiable" accidents, which is an increase of 29 over the figure for 1967. It is noted that approximately one half of these accidents occur in the various types of premises which accommodate the catering industry in general, i.e. canteens, catering establishments open to the public, food shops, public houses, etc. These accidents can also be classified under three main headings, viz.

- Falls and collisions
- Burns and scalds
- Cuts and abrasions

Investigations over the past four years have shown that the majority of these accidents could have been avoided if more care had been exercised and if some persons had shown a greater degree of responsibility and consideration to their colleagues working alongside them. Bearing this in mind, a one-day Safety Training Course for the Catering Industry was held on the 7th October, at the Industrial Safety Training Centre of the Royal Society for the Prevention of Accidents in Birmingham. The syllabus covered the following subjects, viz.

- Typical accidents
- The fencing of dangerous machinery, including a practical demonstration
- Fire hazards
- The responsibility of management
- Legal requirements

and the panel of speakers included the Deputy Chief Public Health Inspector, Birmingham, together with the Deputy Superintending Inspector of Factories. This course proved most successful and is to be repeated at the above Centre in January and October, 1969.

Those attending represented a wide cross section of the industry and expressed the hope that similar courses be held in other parts of the country. This would obviate long distance travelling by many and the necessity to stay overnight in Birmingham.

Infectious Diseases

Visits made by public health inspectors in connection with enquiries into cases of food poisoning and certain infectious diseases totalled 5,346 for the year; this figure includes those visits made to obtain specimens for bacteriological examination.

A further 3,740 visits were made to the homes of newly arrived long-stay immigrants, bringing the total number of visits for the year up to 9,086. These visits to immigrants were made in pursuance of the scheme brought into operation in 1965 at the request of the Ministry of Health. Under the scheme newly arrived immigrants are visited by a public health inspector as soon as possible after arrival in the City and are advised to register with a general practitioner and, if over fourteen years of age, to have a chest X-ray at the Chest Radiology Centre. This new duty takes up

a considerable amount of the time of both the inspectorial and administrative staff but the operation is considered worthwhile if it helps to reduce the incidence of tuberculosis amongst immigrants. The difficulties mentioned in previous reports have again been encountered in that a number of the Birmingham addresses given by the immigrants as they pass through the ports of entry have been found not to exist or, in cases where they do exist, the occupants claim no knowledge of the immigrants concerned. In other cases the immigrant has stayed at the Birmingham address for only one or two nights and then, before the inspector can visit, has moved on to some unknown address or even to another town.

At the end of each quarter a statistical return has to be submitted to the Department of Health and Social Security giving the number of advice notes received from the ports and the number of successful visits made. During the year advice notes were received in respect of 3,372 long-stay immigrants and 2,463 successful visits were made, both figures reflecting a substantial increase over the 1967 levels.

Disinfestation and Disinfection

The Disinfecting and Cleansing Station is operated under the supervision of a Depot Superintendent, who reports daily to the Chief Public Health and Housing Inspector. The station is situated in Bacchus Road, Winson Green, and occupies a fairly central position in Birmingham.

The public health inspectors promptly investigate all complaints of infestation by bugs, fleas, flies, cockroaches, blackbeetles, crickets, ants, etc., received by the Department from the occupiers of domestic and business premises. After investigation, the necessary arrangements for treatment are made with the Depot Superintendent.

During the year, 1,232 houses received such treatment as compared with 1,288 in 1967, representing a decrease of 56 treatments. Additional work is also carried out in business premises and such treatments include hospitals, licensed houses and restaurants, schools, factories and public baths. Steam flies and cockroaches continue to be the main source of infestation in kitchens and food preparation premises. The number of treatments effected in premises, as above, amounted to 206 for the year, which is a slight decrease of 10, when compared with the previous year.

Charges are not made for treatments to domestic premises, but appropriate accounts were submitted in other cases, based solely on the cost of labour and materials used.

SERVICES TO THE TUBERCULOUS

The depot staff undertake the delivery and collection of complete bedding units for tuberculous patients and this service resulted in the delivery of 20 units and the collection of a further 12 units for disinfection prior to re-issue. Five houses were also disinfected following the removal of patients to chest hospitals or into new housing accommodation.

DISINFECTION

Once again, the Department continued to assist certain aged people in essential cleansing of their homes, including the removal of rubbish. This service is given free of charge, and during the year 33 houses were cleansed and 46 beds, together with bedding, were removed for destruction.

The steam disinfectors were kept working daily during the year, principally in the disinfection of large quantities of bedding, blankets and clothing. Accounts, where applicable, were rendered to the appropriate authorities, the charges being based on the rate of 15/- per "stove", which represents one complete operation of a steam disinfecter. The above work amounted to 1,588 complete stoves for the year and confirms the continuous working of the plant.

CLINIC TREATMENT FOR SCABIES AND LICE

Bathing facilities for the cleansing of scabies patients and verminous persons are provided in the clinic at the Cleansing Station. A daily service is operated until 1715 hours during the week, except Saturday, when the clinic closes at 1200 hours. No treatments are provided on Sunday.

Details of those carried out in the year were as follows--

Bacchus Road Clinic (men)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Men	...	...	1,478	185	152	1
Boys	...	...	293	—	—	—
Second treatments			3	—	—	—
Total	...	...	1,774	185	152	1

Bacchus Road Clinic (women)

			<i>Scabies</i>	<i>Body Lice</i>	<i>Pubic Lice</i>	<i>Head Lice</i>
Women	...	...	1,217	9	37	33
Girls	...	...	1,052	3	—	18
Boys	...	...	685	5	—	23
Second treatments			9	—	—	—
Total	...	...	2,963	17	37	74

Children referred to in the above figures were treated at the same time as their mothers.

BATHING OF THE AGED AND INFIRM

This service was again extensively used throughout the year. The Department continued to collect these aged folk and return them to their homes in Corporation transport under the care of a health visitor. 1,010 baths were provided for women and 457 for men, making a total of 1,467, which is an increase of 110 over the figure for 1967. These figures indicate the invaluable assistance this service renders to the aged.

Burial of the Dead and Exhumations

During the year six licences were issued by the Secretary of State, Home Office, for the removal of human remains from graves in the City for re-interment elsewhere. Copies of these licences, when issued, are sent from the Home Office to the Medical Officer of Health for the area and in each case a public health inspector attended the exhumation to ensure that it was effected with due care and decency and without risk to public health.

Following the redevelopment of a site adjoining the Congregational Church in Carrs Lane the human remains of 11 persons were excavated and removed for re-interment. The whole operation was supervised by inspectors from this Authority.

Late Night Refreshment Houses

Under the Refreshment Houses Acts, 1860–1967, a licence is required in respect of any premises other than those licensed for the sale of intoxicating liquor, etc., which are kept open for public refreshment, resort and entertainment at any time between the hours of 10.0 of the clock at night and 5.0 of the clock on the following morning. The Refreshment Houses Act, 1967 gave power to local authorities to impose conditions on the grant or renewal of a licence for a refreshment house prohibiting the opening or keeping open of a refreshment house between 11.0 of the clock at night and 5.0 of the clock in the morning, if it was considered desirable to do so in order to avoid unreasonable disturbance to residents of the neighbourhood. The responsibility for granting licences was at the beginning of the year transferred from the Finance Committee to the Health Committee and applications are dealt with by the Chief Public Health and Housing Inspector.

Licences are granted annually and fall due for renewal on the first of April. On receipt of an application the advice of the Chief Constable is sought and this Department's records of complaints are examined and subsequently a recommendation is submitted to the Health Committee.

During the year a total of 84 licences was issued but in only four instances was it found necessary to impose conditions restricting the hours of opening at night.

SEWERAGE AND DRAINAGE

Mr. Neville Borg, City Engineer, Surveyor and Planning Officer, has kindly provided the following information upon the investigations and sewerage works undertaken during the year by the Public Works Department.

River Works and Prevention of Surface Water Pollution

The proposed river improvement work detailed in the report for 1967 has been virtually completed. The schemes within the City on the River Cole between Cole Hall Lane and Station Road, and in the Greet Area, have lessened the flooding risk in these areas and improved the regime of the river by eliminating the stagnant stretches. The works now being undertaken by the Trent River Authority down stream of Cole Hall Lane, will add greatly to the value of the work done by the Corporation.

Lengths of brook improvements have been undertaken at Stoney Lane and on the Welches Brook to reduce the risk of local flooding, and a start will soon be made on the Hatchford Brook.

The construction of lakes and the associated landscaping on the walkway of the River Cole at Cotterills Lane has been completed, and now provides a most desirable amenity enhancing the appearance of the adjacent housing development. It is proposed to form similar water features in other parts of the City as the opportunity presents itself.

The annual biological and chemical surveys of the Rivers Cole and Rea, indicate that there has been a slight biological improvement in the condition of these two rivers, due to the control of discharges made to them. To date 36 consents to discharge controlled industrial flows to the surface water sewers have been issued.

Main Drainage

Redevelopment of large areas in the Newtown district, coupled with major road works in the Aston area, has allowed the reconstruction of considerable lengths of old valley sewers in the industrial areas of the City. These works will, by the elimination of many storm water overflows, contribute to the improvement of the local rivers.

The construction of the Yardley-Tyburn Main Sewer on behalf of the Upper Tame Main Drainage Authority has steadily progressed despite difficult ground conditions. The commissioning of this sewer, anticipated for the autumn of 1969, will allow the Authority to divert the flows from the Cole Valley to the recently extended treatment works at Minworth and abandon the existing works at Yardley.

Trade Effluent

Control of industrial discharges to the public foul water sewers has been actively pursued during the past year. During 1968, 67 new consents and 7 prescriptive rights were issued, but during the same period, 69 firms ceased to discharge effluent, and the number of firms under control increased by 5 to 761. Approximately 13,000 samples of trade effluent have been taken, analysed and used to both control the quantity of the effluent from industrial premises and to evaluate the half-yearly charge. An overall appraisal of these samples has shown a marked improvement in the quality of the trade effluent discharged to the public sewers.

Housing

The development of Chelmsley Wood has continued with the further construction of roads and sewers, together with ancillary services. In addition, the redevelopment in the Newtown and Ladywood areas has been accelerated.

The shortage of developable land within the City available to provide building, coupled with monetary stringency, has again restricted the volume of work done by private enterprise.

Statistics

During the year the Corporation has constructed 14·7 miles of sewers and culverts within the City. The total length of sewers laid within the boundary by the Public Works Department thus is increased by approximately 50 per cent. over the figures for 1967.

In addition 0·4 miles of foul and surface water sewers have been laid at the Birmingham Airport at Elmdon. Private building within the City has contributed a further 7·5 miles of foul and surface water sewers.

Up to the end of 1968, the total length of public sewers in the City amounted to 1,796 miles, of which 1,131 miles were foul water and 665 miles were surface water sewers. This gives a net increase of 17 miles of sewers after allowing for old sewers and culverts which have been demolished. In addition the total mileage of foul and surface water sewers laid in connection with the Chelmsley Wood development now stands at 69·8.

REFUSE COLLECTION AND DISPOSAL

The following information has been kindly supplied by Mr. A. E. Barton, General Manager of the Salvage Department.

The responsibility for the collection and disposal of domestic refuse in the City of Birmingham rests with the Salvage Department, a separate Department of the Corporation under the control of the Salvage Committee. Services operated by the Department also include collection and disposal of certain trade refuse, emptying of cesspools and collection and disposal of industrial effluents, the cleaning of Corporation markets and abattoirs, and the removal and disposal of abandoned motor vehicles not on highways or in public parks.

In the year 1968, some 317,170 tons of refuse were handled by the Department, a task of enormous magnitude and importance particularly in view of the fact that refuse is a material which is potentially capable of giving rise to numerous latent nuisances and hazards to public health.

A labour force of approximately 1,450 is employed by the Department to carry out this work.

Changes in the Composition and Output of Refuse

Continual change has been taking place in the composition of refuse over the past 30 years or more, but this has been particularly apparent over the last ten years. Whilst the total tonnage of refuse produced annually in the City has tended to remain relatively constant, the change in refuse composition has resulted in an alarming increase in the total volume produced, a factor which places an increasingly difficult burden on the Department's refuse collection and disposal operations. The increase in refuse volume results from a number of factors, the most important of which is probably the change which has occurred in domestic heating methods. An increasing number of homes are now heated by electricity, gas or oil, a trend accelerated by the introduction of smoke control legislation, so that the householder is denied the facility to burn refuse. The elaborate pre-packing of consumer goods, trends in food processing, introduction of synthetic wrappings, the increasing use of disposable products, changes in living standards and habits, the redevelopment of the City Centre and new housing projects; all of these and many other factors influence the composition and output of refuse.

There seems every indication that further changes will continue to take place and the full impact of low density refuse has not yet been felt.

The long term effect is likely to result in an increasing number of premises in the City requiring additional dustbins, a development which would lead to increased cost in the provision of the collection and disposal service.

Provision of Dustbins

Dustbins are supplied to all premises within the City producing domestic refuse as a charge against the General Rate Fund. During last year, a total of 37,439 dustbins were provided by the Department, these included both the special dustless bins, which incorporate a hinged lid, and the normal loose lidded type. To date, the generally accepted material for the manufacture of dustbins has been galvanised mild steel, but the Department has recently commenced trials into the use of dustless bins manufactured from high density polythene. The advantages offered by this type of bin include increased holding capacity for considerably less weight – an important factor to combat the increasing volume of present day refuse, and reduction in noise and reduced risk of injury to personnel.

Refuse Collection

In the course of maintaining a regular weekly refuse collection service, the Department is required to carry out some 23 million calls per year on premises throughout the City. The dustless system of refuse collection covers 62 per cent. of the City and the system will be extended as the necessary finance is made available.

Demands continue to be made on the service for the free removal of bulky items of refuse, and during last year 15,906 special collections were made in response to requests received from the public. The need for this service is a direct result of the growing tendency for anything which is used to equip or furnish a house ultimately to be discarded as refuse, and items removed include a piano, furniture, T.V. sets, washing machines and all manner of things.

Publicity to this service is regularly given in the local press and all refuse collection teams carry a supply of pre-paid postcards which can be given to any householder wishing to take advantage of this facility. It is entirely unnecessary for any householder to have recourse to dumping refuse on open sites out of desperation to rid himself of unwanted furniture, etc.

Under the Civic Amenities Act, 1967, which came into force in July 1968, the Department carries out duties in connection with the removal and disposal of abandoned motor vehicles and other refuse. The six Refuse Disposal Works in the City are designated as reception centres and open to the public to take unwanted motor vehicles and bulky household refuse. If the motor vehicle cannot be delivered to the centre a collection service is arranged, upon request, at a charge of £4. 10. 0. per vehicle.

A total of 473 motor vehicles have been dealt with during the first 6 months of the operation of the Act.

A special arrangement is also operated for the purchase of tickets to cover the removal of garden refuse.

The large container system for handling refuse in bulk continues to extend with the changing redevelopment of the City. 4,222 of these containers are now in use in various types of premises including multi-storey flats, schools, hospitals, shops and industrial premises.

Refuse Disposal

The organisation of the Salvage Department is based on a policy of decentralised control of both refuse collection and refuse disposal services, and for this purpose, six refuse disposal works are operated, each serving the particular district of the City in which it is located. Details of these works are as follows:-

Works	Date of building or reconstruction	Area of district (Acres)	Population served	Number of premises
Rotton Park Street	1932	7,661	183,140	58,757
Montague Street	1934	4,255	128,787	39,824
Brookvale Road	1924			
	extended			
	1938	8,156	162,937	52,726
Tyseley	1926			
	extended			
	1938	7,668	172,216	53,931
Lifford	1961	14,716	249,208	82,669
Castle Bromwich	1966	9,148	206,282	72,938

All of these works operate on the principle of separation and incineration. For many years now Birmingham has resorted to incineration as its primary method of refuse disposal, this being regarded as the most positive and expedient and the least objectionable system of refuse treatment available.

The Department is currently engaged in an extensive modernisation programme of the City's refuse disposal facilities. The first phase of this programme was completed by the opening of the new works at Lifford Lane, Kings Norton, in October, 1961.

The next phase followed with the erection of a completely new works at Chester Road, Castle Bromwich, opened in September, 1966.

Work has now commenced on the third phase of the programme and a new works is in the course of construction on a site at Holford Drive, Perry Barr, to replace the existing Brookvale Road Works, the site of which is required for the new Motorway link road. Commissioning date for this new works is scheduled for early 1971, and it is to include many advanced design features and operation will be extensively automated. The basic

concept of the design specification is for a works capable of operation without giving rise to nuisance to the surrounding locality and, to safeguard against chimney emission, a high efficiency electro-precipitator gas cleaning plant, similar to that already successfully in operation at Castle Bromwich Works, is to be incorporated. Final discharge of the gases will be via a 300ft. high chimney-stack to provide adequate dispersal into the atmosphere.

The sludge dewatering plant installed at Montague Street Works in 1967 is capable of treating 100,000 gallons of industrial sludge per week and provision has been made for future extension should the need arise.

Sludges of this type result from the operation of industrial trade effluent systems and they have a high suspended solid content which makes them unsuitable for direct discharge into the sewer. The Department operates a service for the collection of industrial sludges by tanker vehicle, and the sludge is now delivered to the dewatering plant where it is subjected to a process of pressure filtration which allows the clarified filtrate to be run off to the sewer. The dewatered sludge cake is discharged in a form which makes it easy to transport and to dispose of on the Department's tipping sites. Previously the disposal of these industrial sludges had presented a serious embarrassment to the Department.

Personnel

The Salvage Committee has over a long period of years maintained an extremely high standard with regard to the welfare of employees, and extensive facilities are provided at each of the six works, including changing and locker rooms, clothes drying rooms, shower baths and attractive dining rooms. Employees are also regularly issued with an approved scale of protective clothing related to the type of work they perform.

A Departmental Joint Consultative Committee, comprising representatives of the management and all sections of employees, meets monthly to discuss matters of mutual interest and benefit. The Sports and Social Club, which is managed by the men themselves, has a number of flourishing sections and various social events were arranged during the course of the year in which employees and their families participated.

The labour turnover was lower during the year under review in comparison with previous years, but even so 314 new employees were engaged in order to maintain the labour force at the required strength. This labour turnover is mainly confined to short service personnel, which is shown by the fact that 38.5 per cent. resign within the first six months of service. The recruitment of drivers gives rise to difficulties and, in order to maintain the necessary complement, the Department operates its own Driving School for suitable employees, where instruction is given in theory and practical work by a fully qualified instructor.

Work Study

The Department's Work Study Section has continued to be very active and has investigated many aspects of the Department's functions. As a result several direct incentive bonus schemes and productivity agreements are in operation and other proposals are under consideration.

Vehicles and Plant

The Department operates and maintains a transport fleet of vehicles, the replacement value of which is approximately £1,400,000. It includes not only specialised types of refuse collection vehicles, many of which incorporate hydraulic compression and packing devices for handling low density refuse, but also vehicles used in connection with haulage of screened dust and furnace residue, general works transport and angle-dozers designed for the operation of controlled tipping sites.

Recent legislation in connection with the operation of road transport has brought about the need for ever increasing standards of maintenance. The principal vehicle repair workshops are located at Montague Street Works and these are fully equipped for dealing with all major vehicle repairs and overhaul. Equipment and staff are available at other works of the Department for dealing with routine repairs and servicing and vehicle washing. All transport maintenance operations are under the control of the Transport Maintenance Officer.

The Department has its own engineering section under the control of the Chief Engineer and a staff of skilled craftsmen and mates carry out repair and maintenance of the refuse disposal plant and equipment at the various works. With the continued introduction of highly sophisticated equipment, operation of refuse disposal plant is developing into a highly specialised branch of engineering.

Cesspools and Sanitary Pans

During the year 86 cesspools serving 112 premises received regular attention, together with 18 sanitary pans, in the outlying areas of the City.

Finance

The gross expenditure of the Department for the financial year 1968/1969 amounted to £2,924,223 and the income of the Department was £289,657.

THE CITY'S WATER SUPPLY

Once again, thanks are due to Mr. R. C. Whitehead, Engineer and Manager of the Water Department, for the following information upon the engineering aspect of the supply.

Elan Valley Works

In the Elan Valley which is the principal source of Birmingham's supply, the soft moorland water collected in the reservoirs is treated with hydrated lime to neutralize its natural acidity, passed through sand filters, fluoridated and finally receives a marginal dose of chlorine as it passes into the aqueduct.

Elan Aqueduct

A further opportunity occurred in July to continue work on strengthening the Studley tunnel section of the aqueduct where the condition of the roof lining was causing concern. As on previous occasions, flow in the aqueduct was suspended for two days and steel ribs, prefabricated, were inserted in accordance with a planned programme. An effort will be made to complete this reinforcing work during 1969 and this should extend the life of Studley tunnel for many years without further attention.

Early in December, a deliberately placed explosive charge caused the fracture of two of the four pipelines on a section of the Elan Aqueduct at Hagley. The resulting reduction of flow of the water from Wales was partly compensated for by increased pumping from other sources and the deficiency met from storage. The breached pipes were completely repaired in four days.

Severn Supply Scheme

Water derived from the river Severn was pumped to Frankley for supply purposes throughout the year except during short periods of greatly reduced demand such as public holidays. The rate of pumping, averaged over the year, was $3\frac{1}{2}$ million gallons daily. Treatment of this water consists of clarification and lime softening in vertical-flow reaction tanks and a good quality water was produced. New fluoridation plant at Trimpley, where the abstraction and treatment works are situated, was commissioned in March. The dose rate was initially set to produce a concentration of 0.7 parts per million fluorine in the finished water and subsequently raised to achieve the optimum level of 1.0 p.p.m. when the reliability of the dosing plant had been proved.

Clywedog Dam

Clywedog Dam became fully operational on 1st April, 1968, and the 11,000 million gallons of water stored in Llyn Clywedog for the purpose of regulating the dry weather flow in the river Severn assures Birmingham of a supply of up to 25 million gallons per day from the river, together with similar or smaller supplies to ten other water supply authorities.

Frankley Works

The Elan rapid gravity type filters, 40 in number, each capable of dealing daily with two million gallons of water, functioned satisfactorily throughout the year.

The group of eight Severn rapid gravity filters were also in full use treating a mixture of Elan and Severn derived waters, or Elan water only, at varying rates up to 15 million gallons daily. The water filtered was subsequently blended with that from the Elan filters.

More than 95 per cent of the water processed passed through these two installations, the remainder being treated by slow sand filtration in the four beds still remaining in use.

The new chlorination equipment installed in the Severn terminal building was brought into use late in the year but the associated sulphonation plant was not quite ready for commissioning. Satisfactory chlorination was achieved, however, under manual control to give a free chlorine residual of 0·3 milligrammes per litre in the water leaving the works.

Whitacre Works

Copper sulphate dosage was applied to the water passing from the upper to the lower of the Shustoke reservoirs and this limited trouble at the filters, due to algal growth, to a short period of five weeks in June and July when it was necessary to use a coagulent, aluminium sulphate, to combat the nuisance. Copper sulphate was also added to the water pumped from Whitacre Reservoir on 48 days between April and August. This reservoir, which stores water abstracted from the River Blythe, suffered a severe growth of blue-green algae towards the end of the year. This growth too was eventually destroyed by the addition of copper sulphate.

Area of Supply

Mainlaying for new housing sites, development in the City Centre, trunk main extensions, and the replacement of old, corroded service mains with new concrete lined mains continued. Multi-storey blocks of flats constructed by the Corporation were provided with boosted supplies where the existing mains pressure was insufficient.

A length of 1,453 yards of 24" trunk main laid between Highfield Lane and Woodgate was completed, and has improved the supply in the Quinton area.

Also completed was a length of 1,271 yards of 15" main laid between Albert Street and Landor Street which has improved the supply in the Bordesley Green area.

New and repaired mains were sterilized before being put into service following satisfactory tests for bacteriological purity.

ROUTINE SAMPLING OF CORPORATION WATER

Bacteriological Examination

ELAN VALLEY SUPPLY

The water, draining from the Welsh mountains, is impounded in the Elan Valley. The practice of treating the mountain water by rapid filtration and chlorination before it enters the Aqueduct continues and samples taken from Steventon, half way along it, were of the highest standard. Water is discharged from the Aqueduct into the Bartley and Frankley Storage Reservoirs. Here the purity may be affected by contamination due principally to fouling by birds, especially during the winter months, and at such times the precaution of chlorinating at Bartley Reservoir outlet is taken. Purification by filtration and chlorination is carried out at the Frankley Works.

RIVER SEVERN SUPPLY

Water derived from the River Severn and stored in Trimpley Reservoir, near Bewdley, was introduced into the Birmingham supply in November, 1967, and during 1968 an average of 3,500,000 gallons of Severn water was mixed with over 70,000,000 gallons of water from the Elan Valley daily. Clarification and softening of the Severn water are carried out at Trimpley after which it is pumped to Frankley, filtered, chlorinated and blended with the water from the Elan Valley. Even after softening, however, the Severn water is slightly harder than that of the Elan but as the proportion of Severn water has been small the increased hardness has been barely detectable.

ELAN and SEVERN MIXED SUPPLY

229 samples of fully purified water obtained from the outflow from Frankley Works, from the covered service reservoirs and from taps throughout the City, gave admirable results apart from 3 samples, one of which contained 2 E coli Type 1 per 100 ml. and the other 2 contained 102 and 130 organisms per 1 ml. respectively.

WHITACRE SUPPLY

The waters from the Rivers Bourne and Blythe, which are used principally for bulk supply to Coventry Corporation and the North East Warwickshire Water Board, are purified at the Whitacre Works. The two rivers are sampled weekly and are almost always heavily contaminated. Water from the River Bourne flows through the Shustoke Reservoir whilst the River Blythe water is contained in the Whitacre Reservoir. The quality of water is markedly improved after storage and improvement continues during the subsequent processes of filtration and chlorination. Twice-weekly samples of purified water are taken as it leaves the works and from points along the mains at Monwode Lea and at Packington. On no occasion was E coli Type 1 or any coliform organism found. A single

sample from Packington contained an uncountable number of other organisms, the next highest number in any sample being 51. As expected, there was close correlation between results of samples taken on the same day from the three sampling points. In the summer months there were usually no more than 5 organisms present per 1 ml. but in the first four months of the year the numbers ranged generally between 20 and 40. From a bacteriological point of view the results are a remarkable achievement in the purification of such highly polluted river water,

WELLS

Excellent reports were received upon 17 samples of water taken direct from Short Heath Well, even without chlorination, and from the tap on the rising main (4 samples). No *E. coli* or coliform was present and the three samples containing the highest number of organisms had 107, 54 and 44 per 1 ml. respectively. After chlorination, no more than 3 organisms per 1 ml. were present. Due to burst mains Short Heath Well was brought into commission on the following dates:-

26th to 29th March

3rd to 4th June

2nd to 5th December

17th to 24th December

Chemical Examination

The table on page 260 sets out the number of samples taken from certain points and their average chemical composition, together with extreme values detected in individual cases.

Monthly sampling of the Welsh water is carried out and the overall picture once again showed readings which were well within normal satisfactory limits.

During the year there have been fluctuations in the chloride figures of the Whitacre water and this was thought most probably to be due to colliery effluent. During 1968 the chlorides in the Whitacre fully treated water have been above 100 p.p.m. Cl. - prior to January 1968 they were about 60 p.p.m. Cl.

Lead in Drinking Water

Four samples of water for lead determination were taken during the year - these were the "first draw off" from taps in older houses with lead piping and all showed the lead content to be below the World Health Organisation recommended upper limit of 0.3 mg./litre.

Erosion tests - overnight in lead pipe coil - are also carried out at Frankley. In view, however, of the high lead content of samples taken on the 15th and 22nd October (1.0 and 0.9 p.p.m. instead of the normal 0.2

and 0.4 p.p.m.) it seemed that a possible reason for the high figures was the fact that, with the method then of filling the pipe with water from the top end, some air could get into the coil and this could accelerate lead erosion and give false figures not representative of the conditions normally appertaining in lead water pipes. Accordingly a system was devised whereby the water entered at the base of the coil, filled upwards and this displaced all air. Following this, much improved results were received. It is relevant to note that the other erosion test performed in the Analytical Laboratory (the lead strip test) has shown normal readings over the whole of the above period, and it must be recognised that the experimental lead pipe is under very different working conditions from a domestic supply pipe which is drawn on frequently each day.

The following pattern has emerged on comparing results of the lead coil erosion test over the last ten years:—

<i>Year</i>	<i>Variation (Pb.p.p.m.)</i>	<i>Average (Pb.p.p.m.)</i>
1958	0.4 – 1.3	1.0
1959	0.3 – 1.4	1.1
1960	0.5 – 1.5	0.9
1961	0.5 – 1.1	0.9
1962	0.5 – 0.8	0.7
1963	0.5 – 1.8	0.6
1964	0.3 – 0.7	0.6
1965	0.2 – 0.6	0.5
1966	0.3 – 0.5	0.4
1967	0.2 – 0.4	0.3
1968	0.3 – 1.0	0.4

There is a steady decline in the average figure from 1959 to 1966, when the figures stabilised. This suggests that over the period 1959 to 1967 the experimental pipe has become increasingly resistant to internal attack. A lead strip test on Severn water in December 1968 gave a figure of 10 compared with 70-130 for Elan water.

Fluoride

Fluoridation of the Welsh water commenced on the 4th June, 1964 with .25 parts per million which was gradually raised until it reached the recommended optimum of 1.0 part per million on the 4th December, 1964. Samples taken from various points and daily from the tap in the City Analyst's Laboratory have shown the figure of 1.0 part per million, as laid down by the Ministry of Health, to be maintained.

The new plant for fluoridating the Severn water at Trimpey was put into commission on the 11th March 1968.

Radioactivity

This aspect is under constant review – samples of water for estimation being taken every two weeks. These results have demonstrated only very low levels of radioactivity, all being well within the limit advised by the Medical Research Council and the International Commission on Radiological Protection.

AVERAGE RESULTS OF CHEMICAL EXAMINATIONS 1968

PARTS PER 1,000,000 (p.p.m.) OR MILLIGRAMS PER LITRE (mg/l) (Extreme values in brackets)																
No. of samples taken	Description	Ph	Total Solid Matter	Ammoniacal Nitrogen (as NH ₃)	Albuminoid Nitrogen (as NH ₃)	Nitrates (N)	Oxygen consumed in 4 hours at 27°C.	Chlorides (Cl)	Hardness (as CaCO ₃)	Total Alkalinity (as CaCO ₃)	Fluoride (F)	Detergents	Hardness Permanent	Nitrites (N)	Erosion (over-night in lead pipe)	Erosion (over-night with leadstrip)
12	ELAN WATER: Aqueduct outlet	8.9 (7.8-9.1)	43 (40-46)	0.000	0.011 (0.000-0.024)	0	1.2 (0.9-1.6)	10 (9-11)	19 (17-22)	8 (6-10)	0.9 (0.8-1.0)					
12	Raw Elan Valley Water															83-100
12	After storage in Bartley and Frankley Reservoirs	7.5 (7.1-8.7)	43 (39-45)	0.000	0.013 (0.000-0.028)	0	1.1 (0.8-1.6)	10 (9-11)	19 (17-22)	8 (7-9)	1.0 (0.8-1.0)					
11	SEVERN WATER: Aqueduct Outlet	8.6 (7.1-9.3)	209 (190-233)	0.024 (0.000-0.128)	0.008 (0.000-0.090)	1.4 (0-2.3)	0.5 (0.2-0.9)	31 (27-35)	99 (82-118)	16 (6-31)	0.4 (0.1-0.8)					10 Sample only
12	Mixed Elan/Severn Water: After filtration and chlorination	7.2 (6.8-7.5)	50 (44-55)	0.000	0.007 (0.000-0.024)	0	0.9 (0.6-1.3)	11 (10-13)	23 (18-28)	8 (7-9)	0.9 (0.8-1.0)				0.4* (0.3-1.0)	107 (90-125)
1	WELLS: Longbridge (unused)	6.3	166	0.000	0.000	1.2	1.0	18	100	36			70	30	0	
4	Short Heath (Witton)	7.5 (7.3-7.7)	453 (441-482)	0	0	15.3 (12.3-16.5)	0.04 (0-0.16)	32 (31-32)	265 (250-280)	87.5 (78-96)			172 (152-202)	93.5 (78-108)	0 (0-0.01)	
12	WHITACRE WATER: River Blythe	7.7 (7.4-8.1)	458 (401-500)	0.216 (0.000-0.840)	0.278 (0.144-0.480)	4.6 (2.1-8.6)	3.8 (2.3-6.0)	41 (29-57)	283 (250-340)	135 (122-150)	0.3 (0.1-0.4)	0.02 (0-0.18)		0.036 (0.016-0.055)		
12	River Bourne	7.6 (7.1-7.9)	670 (494-814)	0.150 (0.000-0.600)	0.165 (0.000-0.384)	0.7 (3.7-11.0)	2.1 (0.7-5.7)	119 (58-185)	376 (310-420)		0.1 (0-0.3)	0 (0-0.01)				
12	After storage in Shustoke Reservoir	8.4 (7.9-9.0)	605 (558-651)	0.042 (0.000-0.256)	0.234 (0.080-0.400)	3.5 (1.2-6.2)	1.6 (1.2-2.2)	107 (55-124)	348 (290-390)			0				
12	After filtration and chlorination	7.6 (7.2-8.5)	613 (556-669)	0.004 (0.000-0.028)	0.145 (0.012-0.256)	3.5 (1.5-6.5)	1.1 (0.8-1.3)	116 (94-128)	342 (300-380)		0.1 (0-0.2)	0	173 (160-200)	169 (112-208)		

*26 samples submitted

SAMPLING OF SWIMMING BATH WATER

The practice was continued of sampling once per month, without prior warning, the water of every swimming bath in use. There are eighteen swimming establishments containing twenty nine pools. Estimation of free and total chlorine was made immediately and samples were then submitted for bacteriological examination within two hours of their being taken.

Free chlorine is the principal sterilising agent and from the following table it can be seen that only a very few samples failed to achieve the highest degree of purity.

<i>Month</i>	<i>No. of samples taken</i>	<i>No. of samples with viable count more than 11 per 1 ml.</i>	<i>No. of samples with faecal coliform detected in 100 mls.</i>
January	24	—	—
February	24	—	—
March... ..	27	—	—
April	27	—	—
May	29	4	—
June	29	—	—
July	29	—	—
August	29	—	—
September	21	3	—
October	28	—	—
November	33	9	2
December	24	1	—
TOTAL	324	17	2

An arbitrary standard of not more than eleven organisms per 1 ml. and the absence of coliform organisms in 100 mls. is taken. Of the 324 samples taken 19 failed to reach this high standard; this was due either to low concentration of chlorine (mostly as a result of mechanical defects) or heavy bathing loads. Repeat samples were obtained and were found to be satisfactory on re-examination.

The baths, particularly during the summer months, are heavily used, and the results of samples therefore were excellent reflecting the efforts made to ensure hygienic conditions in the City's bathing pools

Mr. J. Moth, General Manager of the Baths Department states that as experiments carried out at certain pools to more satisfactorily control the pH of the water by the addition of a dolomitic filter material have proved successful, it is proposed to apply this treatment to the filters at the remaining baths.

Results of samples obtained from three privately owned and twelve school swimming pools complied with the required bacteriological and chemical standards.

PRIVATE WELLS

INDUSTRIAL

There are now 82 premises within the City which are known to use water from boreholes. Details are as follows:—

								<i>Number of premises</i>	<i>Number of wells</i>
Breweries using well water for all purposes	...	...						5	13
Hotels and blocks of flats using well water for all purposes								3	3
Hospital using well water, (stand-by only)	...	...						1	1
Food preparation premises using well water	...	...						3	6
Industrial premises using well water for all purposes	...							15	22
Industrial premises using well water for industrial purposes only	...	...	...	...	...	...		55	76
								<u>82</u>	<u>121</u>

During the year 45 bacteriological samples and 17 chemical samples were taken from various premises. The reports obtained from these samples indicated that the water from the boreholes, although hard, was in a state of high bacteriological purity.

DOMESTIC

There are now only two dwellings within the City, one of which remained unoccupied, which are known to rely on water from shallow wells.

DWELLINGS WITHOUT AN INTERNAL WATER SUPPLY

Since 1948, when over 6,000 houses in the City were found to be lacking an internal water supply, the Department has been striving to ensure that every occupied dwellinghouse should be provided with a piped supply of water within the dwelling. The number of houses lacking this facility has been reduced year by year as a result of action taken by the Department to compel owners to provide a supply and by the City's programmes of re-development which have encompassed many of the areas of older housing containing these sub-standard dwellings.

In the report for the year 1967 it was stated that there were still 226 houses in the City without an internal water supply, the bulk of these being occupied by tenants who had refused to agree to a supply being installed.

During the year under review, opportunity has been taken to visit every house recorded in the Department as lacking a supply and it is pleasing to report that it is now possible to show a substantial reduction in the figure. Many of the tenants who, mainly due to old age, have for a number of years steadfastly refused to give their consent to the installation have been replaced by younger families who, naturally, regarded the provision of an internal water supply as a necessity and have either persuaded the owner to carry out the necessary works or have themselves paid for the installation to be carried out.

At the 31st December, 1968, only 69 houses remained without an internal supply. As will be seen from the table below, the majority of these houses are unfit for human habitation, their very short life expectation precluding any formal action to compel the landlords to provide a supply. Only 19 tenants still refuse to sanction works of installation; future re-development or changes of tenancy will inevitably lead to a further reduction in this number in the next few years.

The following table shows the position at the end of the year:-

Unfit houses included in declared Clearance Areas	44
Other unfit houses whose life did not justify expense	4
Houses whose occupants did not desire an internal supply	19
House supplied by wells - distant from nearest main supply	1
House temporarily unoccupied	1
	<hr/>
	69
	<hr/>

The reduction of 157 on the previous year's total is accounted for thus:-

Houses void, pending demolition	53
Houses demolished	4
Installed by Housing Management Department, owners or tenants without service of notice	91
Houses now used for business purposes only	9
	<hr/>
	157
	<hr/>

PERSONAL SAFETY

Testing the Performance of Oil Heaters and the Guards on Oil, Gas and Electrical Heaters

The number of deaths caused by the use or misuse of oil heaters and other domestic heating appliances causes great concern.

There are, unfortunately, still a number of second hand dealers in the City who have unsatisfactory heating equipment for sale and who are either unaware of the regulations which require them not to sell appliances which are unsuitable, or choose to ignore these requirements.

Unfortunately, during the year under review, the technical section responsible for the enforcement of the Oil Heaters Regulations and the Heating Appliances (Fireguards) Regulations was involved in a number of staff changes due to retirement, and it was possible only to exercise limited vigilance in regard to these illegal sales.

However, the following inspections were carried out during 1968:-

<i>No. of premises visited</i>	<i>No. of appliances examined</i>	<i>No. of appliances found unsatisfactory</i>
98	321	12

The unsatisfactory appliances were immediately withdrawn from sale, and on each occasion the vendor was warned that further offences would result in legal proceedings being instituted.

It is anticipated that 1969 will show more satisfactory figures in regard to this work.

The Nightdresses (Safety) Regulations, 1967.

The Stands for Carry-Cots (Safety) Regulations, 1966.

The content of these Regulations, made under the Consumer Protection Act, 1961, was outlined in the Annual Report for 1967.

During 1968, regular inspections have been made and observations have been kept on shops and open markets to ensure that goods offered for sale comply with the Regulations.

No contraventions have been noted.

INDUSTRIAL PREMISES

Sanitary Accommodation in Factories

Sanitary matters arising in factories are dealt with under the provisions of Part 1 of the Factories Act, 1961. The local authority enforces general requirements relating to cleanliness, overcrowding, temperature, ventilation, drainage of floors and sanitary conveniences in factories in which mechanical power is not used. Where there is mechanical power only sanitary conveniences are dealt with.

The number of visits paid to industrial premises, defined as "factories" under the Act, totalled 3,934 for the year, representing a further increase of 138 inspections when compared with the figure for 1967.

There was an increase of 42 in the total number of premises registered when compared with the figure of 4,749 for last year.

As in the past, factory managements continued to co-operate with the Department in complying with the requirements of the informal notices referred to above. It was not necessary, therefore, to resort to statutory procedure with regard to such notices.

Inspectors, when making the above visits, continued the practice of attending to factory canteens, outworkers, etc., whilst on the premises, and in this way the most economical use of available manpower is exercised.

Inspections for Purposes of Provisions as to Health

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	81	24	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	4,557	3,172	232	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ...	153	738	2	—
TOTALS ...	4,791	3,934	236	—

Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they are reckoned as two, three or more "cases")

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S1)...	2	1	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
SanitaryConveniences(S.7)					
(a) Insufficient ...	8	5	—	4	—
(b) Unsuitable or defective	782	521	—	62	—
(c) Not separate for sexes	4	2	—	3	—
Other offences against the Act (not including offences relating to out-work	—	—	—	—	—
TOTAL	796	529	—	69	—

Outworkers

Certain classes of light work in connection with various trades carried on in the City are given out to persons who do it in their homes or small workshops. Section 133 of the Factories Act, 1961 requires the employers of these people to supply the Local Authority with lists of their names and addresses during the months of February and August in each year.

The August return for 1968, gave the following particulars:—

LIST OF OUTWORKERS 1968

<i>Nature of Work</i>							<i>Number of Outworkers in August</i>
Wearing apparel ... ..	...	...	...	...	...	...	71
Household linen ... ..	...	...	...	...	...	...	16
Electro-plate ... ..	...	...	...	...	...	...	139
Brass and brass articles	...	...	...	...	...	...	24
Paper box making ... ..	...	...	...	...	...	...	23
Carding etc., of buttons, etc.	...	...	...	...	...	...	89
							362

The above figures show a marked decrease of 299 in the total number of outworkers employed when compared with the figure of 661 for the previous year. This substantial decrease is mainly due to a large reduction in the number of outworkers employed in the paper box making trade. This has occurred because some of the firms concerned have moved to premises outside the City, whilst others have ceased to employ outworkers and no longer carry on this type of business.

All known outworkers' premises were visited by public health inspectors throughout the year and these inspections revealed no work being done in premises considered to be injurious or dangerous to health.

During the year it came to light, arising from complaints of noise nuisance, that immigrants in certain residential areas were manufacturing clothing. A number of visits were made to the affected areas and the attention of the employers was drawn to the need to register outworkers where this work was being done on a large scale. It was also drawn to the attention of the City Engineer, Surveyor and Planning Officer and to H.M. Inspector of Taxes for appropriate action.

Town and Country Planning Act, 1962

In order to ensure that maximum use is made of the above Act in making certain that good planning incorporates the legislated requirements of public health and recommendations made in codes of practice, a close liaison is maintained between this Department and that of the City Engineer, Surveyor and Planning Officer.

Plans and applications which in any way have a bearing on the work of the Department are forwarded to the Chief Public Health and Housing Inspector for examination and comment. Such plans include food premises, factories, shops, houses and housing projects. After preliminary examination they are passed to the specialist officers within the Department where appropriate. During the year 1,645 applications were dealt with, being a decrease of 190 when compared with 1,835 for 1967. These applications, together with appropriate plans, were scrutinised by the under-mentioned officers as follows:—

	<i>Number of applications referred</i>					
Public health and housing inspectors	1,623
Noise abatement and atmospheric pollution inspectors	376
Shops inspectors	95
Food inspectors	38
Medical officers	3

Opinions of the various officers were collated and suitable replies prepared by the Chief Public Health and Housing Inspector. It was necessary to make comment in 609 cases, or approximately 37 per cent.

NOISE ABATEMENT

In a large city such as Birmingham, industrial noise is a very real problem to a large number of people who reside or work in the vicinity of industrial premises in which there are installed noisy processes. Not only can it be a serious hazard to the hearing and to the psychological well being of work people who, because of their employment, are subjected to continuous or intermittent high level noise, it has a dramatic effect on people who are obliged to suffer it in the home due to nearby industrial activity.

It is a person's right to be able to enjoy the comfort of his home environment – including his garden – without interference by noise during the daytime when he is at home, but even more so at night when he would wish to rest.

Loss of sleep due to noise, including general industrial noise, the revving of heavy goods vehicles' engines, shouting, etc., can and does produce psychological stress which will seriously diminish the individual's ability for productive work in industry, office, school or, in the case of housewives, in the home.

During the year, 156 complaints of nuisance due to noise and/or vibration were substantiated, and in the majority of these cases action taken by the Department resulted in a significant reduction of the noise levels.

In ten cases the necessary work to reduce or limit the nuisance had not been completed by the end of the year and the extent of the work which may be necessary was under discussion with the industrialists concerned.

An analysis of the noise nuisances is given below:-

ANALYSIS OF NOISE COMPLAINTS RECEIVED, 1968

<i>Source of Noise</i>	<i>Number of complaints</i>		<i>Source of Noise</i>	<i>Number of complaints</i>
Air Compressors	6		Pneumatic drills	16
Aircraft	—		Machine noise (factories)	16
Air blowers	1		Material handling	13
Car breakers	1		Metal fabrication	2
Car repairers	8		Oil burners (Industrial furnaces)	4
Concrete mixers	—		Refrigerators	10
Cooling towers	4		Road Tankers (discharging)	—
Coin operated laundries	4		Rolling mills	1
Dust arrestation plant	7		Industrial sewing machines	2
Drop hammers	1		Shoe repairing	2
Engine testing	2		Vehicles	11
Earth moving machines	1		Pumps	5
Fans general	16		Woodworking machinery	—
Loudspeakers	1		Miscellaneous	18
Power presses	4			
			Grand Total	156

It is pleasing to note that there is increasing consultation between the Planning Officers of the Public Works Department and the Chief Air Pollution and Noise Abatement Inspector in regard to applications for Town Planning approval for the establishment of businesses which may give rise to local noise problems. In many cases it is possible to advise the City Engineer Surveyor and Planning Officer that the proposed establishment of a particular business may give rise to nuisance unless precautions are taken either in regard to the quality of the building in which the process is to be installed, or in regard to the process itself. Negotiations between staff of the Air Pollution and Noise Abatement Section and architects and engineers in industry produced a number of modifications to proposed buildings and plant to ensure that nearby residents would not be affected by noise from the premises.

In spite of action taken to reduce noise from industrial sources, the general noise level in the City is increasing at the rate of one or two decibels per year. Undoubtedly a considerable part of this noise is caused by increased road and air traffic against which there appears, at the moment, to be very little active enforcement taking place. During the year the Minister of Transport made the Motor Vehicles (Construction and Use) (Amendment) Regulations, 1968, prescribing the maximum permissible levels of noise from various classes of vehicles and the manner in which the noise levels are to be measured. Not only are the acceptable levels of noise relatively high, but the prescribed method of measurement will cause considerable difficulty to the police, who are the enforcement authority for the purpose of the Regulations. This may mean that no effective control can be achieved. There is no doubt whatever that if any serious attempt is to be made to control environmental noise in industrial cities, the motor industry must play its part in producing road vehicles which are far more effectively silenced than those at present in use.

As can be seen from the tabulation of noise nuisances dealt with during the year, the most frequent and persistent complaint is in relation to equipment for the movement of air or gases for various purposes. These include air blowers, cooling towers, dust arrestment plant and fans in general, which together constitute 28 of the 156 cases dealt with; factory noise and the use of machinery generally, including air compressors, drop hammers, engine testing, power presses, refrigerators, industrial sewing machines, shoe repairing, pumps etc., produced 32 complaints of nuisance. What is disturbing about the majority of these nuisances is that they involved new machinery and equipment which had only recently been installed and brought into operation.

The general engineering principles in the control of noise and vibration are well known and are:-

- (a) Reduction of the noise at source by correct siting of the machinery and/or its modification by, for example, fitting silencers on various air or gas movement systems.
- (b) The use of acoustic insulation and absorption techniques and the construction of " housings " or the use of sound absorbent materials around the noise sources.
- (c) Isolation of the machinery from the structure by means of anti-vibration mountings and resilient materials to prevent the transmission of structure-borne noise and vibration.

Some cases are technically more difficult than others, and it is always necessary to make both an objective and subjective assessment of the problem. But in every case it is possible to achieve a substantial reduction in noise by the correct application of these various techniques, together with commonsense in the siting of the machinery.

Although the Department achieves very close and cordial co-operation from engineers in industry, it is a great pity that, at the planning stages of works improvements or changes in machinery shop layout, the problems of noise are not more closely considered.

ATMOSPHERIC POLLUTION CONTROL

1968 was another milestone in the national policy to obtain a clean atmosphere. Mr. Robert Maxwell's Private Member's Bill was given the royal assent during October of this year as the Clean Air Act, 1968 and, when in operation during 1969, it is anticipated that these new powers will greatly assist the Local Authority in the enforcement of air pollution control.

In the meantime, industrialists appreciate the economics and good sense of installing modern, highly efficient appliances with satisfactory chimneys for the dispersion of the products of combustion, and have co-operated tremendously well with the staff of the Air Pollution and Noise Abatement Section of the Department.

The introduction of North Sea natural gas into West Midlands Gas Board area, and the promised favourable prices for gas to industrialists has persuaded a number of companies to seriously consider the installation of new equipment to burn natural gas either continuously on their plant, or on an interruptable basis, using oil as alternative when natural gas is not available. Negotiations between the West Midlands Gas Board and a number of firms are well advanced, and there is little doubt that its introduction into Birmingham in future years will considerably reduce pollution, particularly by sulphur dioxide, to the benefit of the citizens.

Smoke Control Areas

The introduction of Smoke Control Areas within the City is not so far advanced as in the London area or in parts of the North-West, (particularly in the Manchester conurbation) but Birmingham is, at the moment, keeping pace with its neighbours in the West Midlands. At the end of the year there were 140 Smoke Control Areas in operation covering approximately 30 per cent. of the city acreage and 30 per cent. of the dwellings in the City. It has taken ten years to reach this point, but Orders will be made annually over the next few years and the rate of work will increase so that these figures are doubled by the end of 1971.

The stage has now been reached in air pollution control, particularly in relation to domestic premises, that the Department frequently receives letters from householders in areas yet to be considered, asking when their homes will be included in a Smoke Control Area. No doubt in many cases this enquiry is influenced by the householder's intention to change his form of heating, and in the hope that he will obtain a grant under the terms of the Clean Air Act; but unfortunately the Act does not allow the Corporation to pay a grant to householders whose property is not in a proposed Smoke Control Area, and consequently we are unable to assist, even though that property will thereafter be smokeless and will be assisting overall reduction of air pollution within the City.

The use of gas for home heating is increasing tremendously. This is in no small part due to the smart design and the efficiency of modern gas room heaters, which are an attraction in most homes and which most housewives prefer because of the cleanliness and convenience in the use of gaseous fuel. The solid fuel industry is rapidly losing ground in the sale of fuel for domestic heating, even though this, for decades, has been its "bread and butter" market. In general the public will not now accept the cost, inconvenience and dirt associated with the use of solid fuels, and the frustration caused by frequent delays in delivery of solid smokeless fuel often influence a householder's decision to convert to gas appliances.

It should be emphasised that the householder still has complete freedom of choice between solid smokeless fuel, gas, electricity and oil as a means of heating his premises in Smoke Control Areas, and no influence is exerted by the Department on the householder as to the choice of appliance. All applications for grant are treated on their merit, according to the circumstances of each case, in accordance with the wishes of the applicant, and in accordance with the principles for the payment of grant laid down by the Ministry of Housing and Local Government.

During the year seven more Smoke Control Orders were made, involving 4,721 acres and 21,724 dwellings. All of these Orders were confirmed without an objection having been received.

Seven Orders made during 1967, plus two of the Orders made during 1968, became operative during the year, bringing an additional 473 acres and 4,369 dwellings under smoke control. During 1968 the survey of the largest area in the City to be declared a Smoke Control Area was completed; this area will cover 5,450 acres, 24,459 dwellings and 1,810 industrial, commercial and other premises and will be the largest single Smoke Control Order to be made by any local authority. It will be considered by the City Council in January, 1969.

During the year under review, 107 contraventions of Section 11 of the Clean Air Act, 1956, were detected involving smoke emission from the chimney of a dwelling house. In the majority of cases the householders concerned took notice of a written warning and did not cause a further offence to take place, but in four instances the warning was ignored, legal proceedings instituted and penalties totalling £9 were imposed. The Health Committee institutes these proceedings reluctantly, but if the full benefit of a clean atmosphere is to be obtained it must be by co-operation by all occupiers of all premises in the area and it would be unfair to allow a few people to emit smoke indiscriminately to the detriment of the conscientious majority.

On fifteen occasions letters were sent to fuel merchants requesting them to co-operate with the Department by refusing to deliver coal to

premises in Smoke Control Areas, thereby reducing the availability of unauthorised fuels. Pre-packed coal is, however, still available from many petrol filling stations, greengrocers, ironmongers and other sundries shops, and until legislation is introduced making it an offence to sell coal in a Smoke Control Area, householders will still be able to obtain it easily. Some shopkeepers acknowledge their moral obligation to stock only solid smokeless fuels and have been pleased to co-operate when the Department asked them to do this.

The position in relation to the progress of smoke control areas to the 31st December, 1968, was as follows:—

Smoke Control Orders in operation	...	...	...	...	...	140
Smoke Control Orders confirmed, but not yet in operation	...	...				6
Smoke Control Areas approved by the Health Committee to be submitted to the City Council for Orders to be made in January, 1969	...	...	...	...	...	1
Total number of dwellings and other premises subject to the above Smoke Control Orders	...	...	...	...	...	182,013
Total acreage to which the above Orders apply		...	...	...		30,640

Garden Bonfires

As Smoke Control Areas progress, mainly throughout the south and south-western areas of the City, the population of those areas becomes much more clean air conscious. Consequently, one of the largest single causes of complaint is that of smoke nuisance caused by those thoughtless householders who burn garden refuse (often domestic refuse also) in their gardens, and do so usually on a fine summer evening with little wind when the voluminous clouds of grey smoke drift into their neighbours' gardens and even their houses. Some people enjoy the smell of light smoke from a wood fire, but few people enjoy the regular emission of dense acrid smoke from wet, green or rotting vegetation, and in any event, the smoke from garden bonfires contains several hundred times the concentration of cancer producing benzpyrene compared with cigarette smoke.

Garden bonfires in Birmingham are entirely unnecessary. Garden refuse which cannot be composted will be removed by the refuse collection team of the Salvage Department when it makes its regular collection, providing it is placed in a box or container not greater in size than a standard dustbin, and the householder has a garden refuse ticket (price 6d. available from the Salvage Department) to give to the refuse collector. Much greater use should be made of this service and more publicity given to it.

Atmospheric Pollution by Smoke from Industrial and Commercial Premises.

The modernisation of industrial and commercial fuel burning plant continues to play an important role in the reduction of air pollution. The co-operation between the staff of the Air Pollution and Noise Control Section and architects and engineers, which has been established over a long period of time, was continued and strengthened during 1968 so that it was possible informally to discuss the majority of installations and obtain improvements in specifications for proposed new plant or chimneys long before equipment arrived on site.

During the year the formal and often time-wasting observation of chimneys for a pre-determined length of time, which had previously been a feature of a smoke inspector's duties for over 50 years, was relaxed, and more attention was paid to regular inspection of existing and recently installed plant, discussions with plant and works engineers to ensure that operating conditions, maintenance and installation were satisfactory – on the basis that prevention is better than cure.

Notwithstanding this less formal approach, it was necessary to institute proceedings for seven offences, as follows:–

Summary of Statutory Action

CLEAN AIR ACT, 1956

Dark Smoke Emissions,—Section I

Number of prosecutions	1	Penalty	£10
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Smoke Control Areas—Section II

Number of prosecutions	4	Total amount of penalties	...	£40
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Smoke Nuisances—Section 16

Abatement Notices served	...	3
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Nuisance Orders made by the Magistrates	1
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BIRMINGHAM CORPORATION ACT, 1956—SECTION 35

Central Smokeless Area

Number of prosecutions	1	Penalty	£5
----------------------------	-----	---	---------	-----	-----	-----	----

Installation of New Furnaces

Under the provisions of Section 3 of the Clean Air Act, 1956, any proposal to install a new furnace must first be notified to the local authority.

During the year, 162 notifications to install new furnaces were received. The majority of these installations were in respect of oil fired equipment, but the use of gas for smaller installations is increasing. Very few coal fired units were installed. It is considered that only a minority of the total number of furnaces actually installed within the city area are notified to the Department, and further attention will be paid to the supervision of new installations during 1969.

Height of Chimneys

Under the provisions of Section 10 of the Clean Air Act, 1956, the height of new chimneys shown on plans deposited under the provisions of the Building Regulations must be satisfactory, otherwise the plans must be rejected. When plans are submitted, the City Engineer, Surveyor and Planning Officer seeks the advice of the Chief Air Pollution and Noise Abatement Inspector before submitting the application to Committee. During the year the City Engineer, Surveyor and Planning Officer asked for comment in respect of the height of 81 proposed new chimneys.

Atmospheric Pollution from Railway Locomotives

During 1968, the last steam locomotives on scheduled British Rail services were taken from service. So ends an era of railway history.

The passing of the steam locomotive may not please the minority – the railway enthusiasts – but it will certainly please the majority of people who, for generations, have had to live adjacent to railways terminals, sidings or engine sheds, where the pollution due to smoke, grit and dust has for years been very severe.

With the passing of the steam locomotive, Snow Hill station was closed, and all services into and out of the City Centre (with the exception of a few local and special services which still use Moor Street) were re-routed via the reconstructed New Street Station.

Atmospheric pollution from locomotives, which was once 7 per cent. of all smoke pollution and 12½ per cent of grit and dust emission, is now of negligible proportion, to the tremendous relief of many citizens of Birmingham.

Grit and Dust Emission

As the number of solid fuel fired installations decrease, so too do the number of complaints of nuisance due to gross emissions of grit and dust. There are, however, still a small number of exceptions to this general trend and action was taken during the year to require the installation of new arrester plant and the installation of new furnaces in those cases where nuisance was established.

The detection of excessive dust emissions and the identification of the offending chimney and furnace has previously been a most unscientific exercise involving the use of greased plates and containers placed at strategic points to collect deposits for comparison with materials obtained from flues and chimneys. During late 1967, the Report of the Working Party on Grit and Dust Emissions (of which the ex Chief Air Pollution and Noise Abatement Inspector, Mr. S. C. Beaumont, was a member) presented its report and amongst other things recommended that more training should be given to local authority specialist officers in the use of the more scientific equipment now available.

In co-operation with the Birmingham Office of the National Industrial Fuel Efficiency Service a training course was established in May, 1968, for specialist officers of West Midlands authorities. The Chief and Deputy Chief Air Pollution and Noise Abatement Inspectors attended the course, which was extended to include training in the use of specialist equipment developed by Shell-Mex & B.P. Limited and by the National Coal Board. This highly specialised training course was the first of its kind in the country and continues the forward looking attitude of Birmingham in the control of air pollution.

One heavy deposit of solids which could not be controlled, occurred during July, 1968. During the early part of Monday morning the 1st July, 1968, a freak rainstorm deposited layers of dust over the Midlands, within 2 hours about 20 complaints were received by the Department, in addition to hundreds of telephone complaints to A.T.V. and to the B.B.C.

A rapid assessment of the magnitude of the problem and microscopic examinations of the deposit showed that no local industrialist could have been responsible, and attention was therefore focussed on meteorological conditions, the possibility of a volcanic eruption, and the remote possibility that the dust was due to a nuclear explosion. The radioactivity of the deposit was found to be negligible and the University of Birmingham Geography Department was quickly able to rule out Mount Etna as a possible source. Reference to wind forces and directions, however, indicated that the source of the dust – which was mainly quartz and clay – would probably be North Africa (the Sahara) and Spain and this opinion was later confirmed by detailed analysis of the deposits by the newly opened quality control laboratory of the Atomic Energy Research Establishment at Harwell.

The deposits were approximately $\frac{1}{2}$ ton per square mile of the city area, or a total deposit in Birmingham of about 40 tons. It was said that carwash equipment at garages was in constant use throughout the day.

Pollution Recording Apparatus

Eight pollution recording stations are sited within the City, each station consists of a Standard Deposit Gauge for the collection of solid pollution, and a Lead Peroxide Instrument for the determination of the activity of sulphur oxides in the atmosphere. The accompanying tables and graph are compiled from the readings obtained.

The instrument at the city centre site on the roof of the City Analyst's building in Great Charles Street, and the instrument in Bradford Street both showed a substantial and welcome reduction in deposits but at the six other sites the deposits inexplicably increased. The trend now, however is again in the downward direction.

Similarly, the downward trend in Sulphur Dioxide concentration continues, even though at four of the seven sites for which comparison can be made, the figures are higher than for 1967.

Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	37.8	8.4	12.4	39.0	36.9	29.4	15.5	20.6	18.3	17.1	20.4	30.5
West Heath	10.8	4.1	9.9	8.7	9.3	10.5	8.1	8.7	7.2	8.7	6.6	8.1
Edgbaston	7.1	5.2	12.4	16.5	15.6	15.9	8.7	10.2	20.4	7.8	9.6	11.5
Carnegie Institute, Hockley	16.2	13.0	25.7	22.5	18.9	18.6	11.5	12.7	16.5	17.7	21.3	32.2
Spring Lane, Erdington	11.2	10.2	17.0	15.9	17.7	18.0	9.9	14.3	14.1	11.5	30.0	18.0
Treafoed Lane	10.2	6.7	9.9	9.9	10.5	11.1	7.8	9.6	8.4	6.5	10.5	10.5
Tower Hill	8.4	6.4	9.6	19.8	12.9	12.3	8.7	11.2	11.7	7.8	9.6	12.4
Bradford Street	33.7	13.9	58.9	35.7	31.5	30.9	17.4	20.4	21.6	18.0	13.2	14.3

TABLE II MONTHLY RECORD OF SULPHUR DETERMINATION BY THE LEAD PEROXIDE METHOD—EXPRESSED AS MILLIGRAMS OF SO₃ PER 100 SQUARE CENTIMETRES PER DAY (1968)

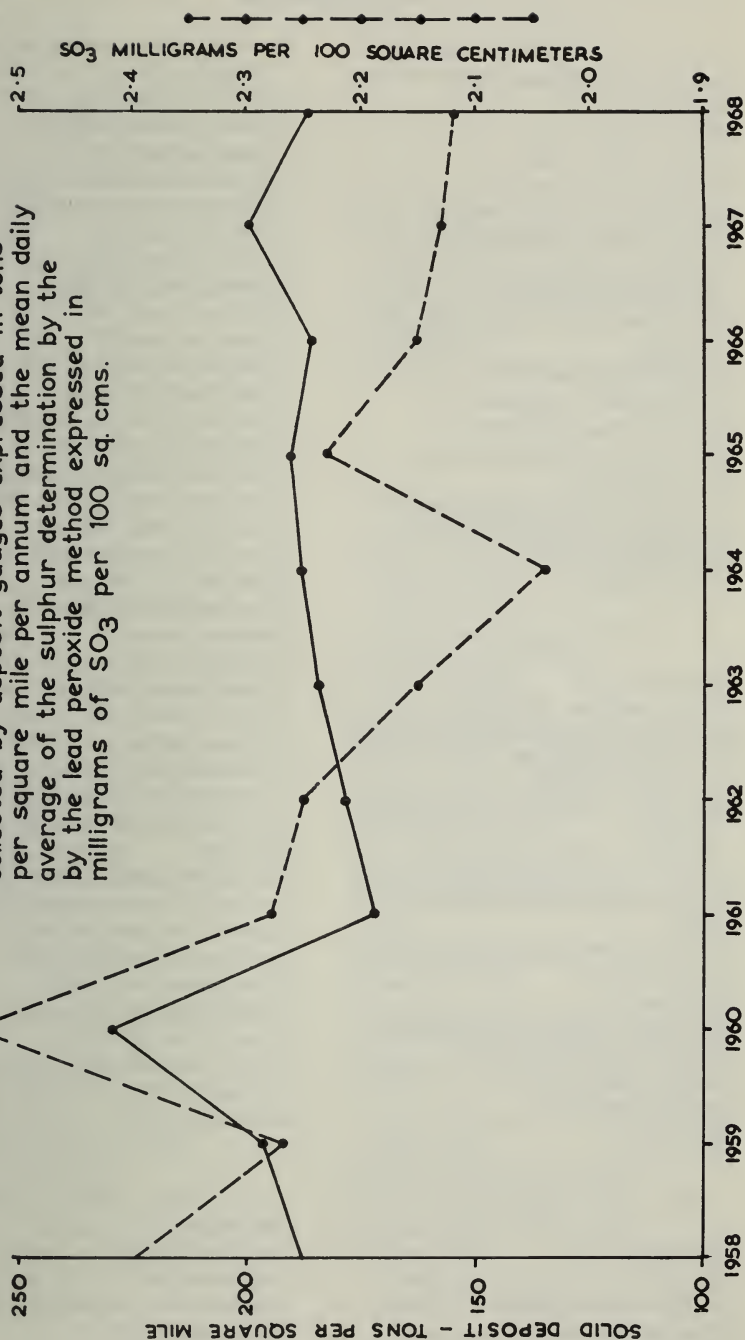
Station	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Great Charles Street	6.29	6.08	4.37	3.50	3.05	1.60	1.44	1.57	1.79	2.29	1.31	5.04
West Heath	1.30	1.23 (est.)	1.20	0.65	0.77	0.70	0.78	1.04	0.51	0.47	4.10	1.65
Edgbaston	2.65	3.55	2.22	3.04	1.72	1.07	1.32	1.38	1.02	1.49	3.18	3.65
Carnegie Institute, Hockley	4.44	4.34	4.16	3.10	2.28	1.30	1.16	1.14	1.45	3.14	3.84	3.95
Spring Lane, Erdington	5.01	4.41	5.58	2.04	4.44	1.80	2.66	1.99	2.15	3.16	4.92	5.15
Treafoed Lane	1.78	1.61	1.51	0.89	0.81	0.70	0.58	0.57	0.57	0.90	1.09	1.65
Tower Hill	1.71	2.05	1.35	0.98	0.96	0.80	0.62	0.68	0.70	1.10	1.87	2.06
Bradford Street	2.12	2.79	1.32	2.79	1.38	0.90	1.02	1.13	0.84	1.07	2.15	2.50

TABLE III

Station and type of area.	Yearly total of solid deposit in tons per square mile				Sulphur dioxide as mgms of SO ₃ per 100 sq. cms of lead peroxide per day.			
	1966	1967	1968	Inc. or Decr. 1967-8	1966	1967	1968	1967-8
GREAT CHARLES STREET								
Commercial	441.58	426.48	286.3	—140.18	3.99	4.00	3.19	—0.81
WEST HEATH								
Residential	105.19	81.85	100.7	+18.85	0.95	0.95	1.20	+0.25
EDGBASTON RESERVOIR								
Residential	112.56	108.22	140.9	+32.68	2.15	1.81	2.19	+0.38
CARNEGIE INSTITUTE, HOCKLEY								
Industrial and residential	221.88	222.82	226.8	+3.98	2.69	3.28	2.87	—0.41
PUBLIC WORKS DEPOT, SPRING LANE								
Mainly Residential	125.88	153.94	187.8	+33.86	1.79	3.37	3.60	+0.23
TREAFORD LANE, ALUM ROCK								
Residential	122.34	102.21	111.6	+9.39	1.16	1.19	1.05	—0.14
TOWER HILL								
Residential	124.08	117.94	130.8	+12.86	1.54	1.11	1.26	+0.15
BRADFORD STREET (New site 1968)								
Industrial	—	383.70	309.5	—73.2	—	—	1.61	—

ATMOSPHERIC POLLUTION

Graph showing the average weight of solid matter collected by deposit gauges expressed in tons per square mile per annum and the mean daily average of the sulphur determination by the lead peroxide method expressed in milligrams of SO_3 per 100 sq. cms.



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